UNIVERSITY OF					DEPARTMENT/LOCATION*											PAY PERIOD*					TIME REPORT I hereby certify that this time report correctly											
1	S	ANI	FRAN	ICISC	0	POSITION #											THRU					reflects all time worked by me for the pay period indicated.										
		TIME	SHEET			EMPLOYEE NAME (LEGAL)*								POSITION TITLE*					HOURLY RATE				EMPLOYEE SIGNATURE*							Date	*	
	STI	UDENT H	HOURLY			LIVIT EOTEE IVANE (ELOAL)									1 OSHION IIILL				1100KE110 HZ			EMPLOTEE SIGNATURE							Dan			
STUDENT WORK-STUDY STUDENT OFF-CAMPUS FACULTY/STAFF HOURLY STAFF						CWID #*								NAME OF SUPERVISO					SOR DATE DUE			DUE	SUPERVISOR SIGNATURE							Date		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25 20	6	27	28	29	30	31	Time Category	Total Hours
																															REG	0.00
																															SKL	0.00
																															VAC	0.00
																											\perp				ULV	0.00
																															OTP	0.00
																															BRL	0.0
																															CTO CTE	0.00
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For inquires: Phone: (415) 422-5743 Email: etimesheets@usfca.edu																							:	* = Req	uired							
TIME	CATE	GORI	IES																													
	REG :	= Regi	ular Ho	urs :	SKL = S	Sick Hours VAC = Vacation Hours ULV = Unpaid								d Hours OTP = Overtime Ho				ours CTE = Comp Tin Earned (OPE)					CTO = Comp Time Off (OPE)			if !	BRL = Bereavement Hours					
INST	RUCT	IONS																														
	1. Complete All Required (*) Fields 2. One Pay Period per Timesheet (Multiple Pay Periods Not Allowed) 3. Type or Complete in Ink 4. Enter Hours on the Appropriate Earn Code Row in the Column that. Applies the Date/ WorkedTo Be Paid 5. Signatures in Ink 6. Make a Copy for your files 7. Forward Original to Payroll Services (Audit Requirement)																															