



CSULA/University Auxiliary Services Inc.

TIME SHEET

UAS will not guarantee you'll be paid on time, unless an *accurate, complete, and signed* time sheet is received by 5:00 PM on Friday after the last day of the pay period. (Refer to UAS Payroll schedule for exact dates)

Corporate Contracts & Grants Agency Account

| | | | | | | | | | | | | | | | |
|------------------------------|-----|-----|-----|-----|-----|-----|-----|---------------------------------|-----|-----|-----|-----|-----|-----|-----|
| Employee Name | | | | | | | | Department | | | | | | | |
| Start Period (Friday) | | | | | | | | End of Period (Thursday) | | | | | | | |
| Week 1 | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Week 2 | Fri | Sat | Sun | Mon | Tue | Wed | Thu |
| Date | | | | | | | | Date | | | | | | | |
| Reg. | | | | | | | | Reg. | | | | | | | |
| PTO | | | | | | | | PTO | | | | | | | |
| O/T | | | | | | | | O/T | | | | | | | |
| Other | | | | | | | | Other | | | | | | | |
| Total for week 1 | | | | | | | | Total for week 2 | | | | | | | |

Total Hours to be Paid

| | |
|-------|--|
| Reg. | |
| PTO | |
| O/T | |
| Other | |

Please use one time sheet for each project charged unless there is percentage allocation

| Account | Project ID | % or \$ Allocation |
|----------------|-------------------|---------------------------|
| | | |
| | | |

I certify that I have performed services for the total number of hours/units or percent of effort shown above.

Employee Name _____ Date _____

Please mark if you want your check mailed to your home

Employee Signature _____

Authorized Name _____ Date _____

Authorized Signature _____

| | |
|---|----------------------|
| Verifications | UAS Payroll Use Only |
| <input type="checkbox"/> Signatures confirmed | by: _____ |
| <input type="checkbox"/> Project ID confirmed | |
| <input type="checkbox"/> Amount verified | |