



**FINANCIAL SERVICES  
PAYROLL SHEET**

Pay Group  Pay Period End Date   
Speedchart & Acct

1	EMPLOYEE ID	Actual Hours Worked		HRLYR ATE	DEPT	JOB CODE	BEGIN DATE			END DATE			OTHER EARNINGS (HRS. or \$ - not both)		
		(Hrs. in Decimal)					YR	MM	DD	YR	MM	DD	CODE	HRS.	\$
2	EMPLOYEE NAME	¼ hour = .25													
3	JOB NAME / GRADE / STEP	REG	O/T												
1															
2															
3															
1															
2															
3															
1															
2															
3															
1															
2															
3															

Totals:

Totals:

Reason for Pay:

Grant Holder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Dean/AVP: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If completing by hand, please print clearly

Note: faxed timesheets from on-Campus and hospital locations are not accepted – no exceptions