

RUTGERS, THE STATE UNIVERSITY

Division of Life Sciences

EMPLOYEE TIME RECORD

First Name

Employee Type

Last Name

Total Hours Worked

Employee Id

Record #

Payroll Amount

Friday Week 2

Account - Cost Centers (if needed)

Pay Period End Date

All Hourly Rate and Accounting Code Distribution Changes must be fully approved and processed via Change Charging Instruction Form and in HCM before being changed on this time sheet.

Accounting Codes

String Type Percentage Amount

String Type Percentage Amount

String Type Percentage Amount

String Type Percentage Amount

Week 1	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	
Date								
From								
To								
Pre-break Total								
From								
To								
Post-break Total								
Total								

Week 2	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	
Date								
From								
To								
Pre-break Total								
From								
To								
Post-break Total								
Total								

Employee Signature

I certify that the above distribution of salaries and wages directly charged to the Sponsored Agreement/Program is appropriate and reasonable in relationship to the worked performed during the period indicated.

Supervisor Print Name

Supervisor Signature