HRIS University Of Oregon

DEPARTMENT OF CHEMISTRY

Clear Form

This record must be retained for audit as follows:

Regular: 2 years after termination, Work Study: 5.5 years after fiscal year

Federally Sponsored Project: entire period of grant and 3 years thereafter.

Hourly Time Record

(NAME, ID, HOURS WORKED, AND SIGNATURES MUST BE COMPLETED TO RECEIVE PAY)

Payroll

Year:_____

Month-Month:_____

Job

Name:_____

ID:_____ **Position:**_____

Supervisor:_____

☐ **Undergrad** ☐ **Graduate**

Funding: ☐ **Regular** ☐ **Work Study** ☐ **Tech**

Index:_____

Certification

I certify that the hours are accurate and properly reflect work chargeable to the index(es) and funding type shown.

I understand that work study is partially Federal Funded.

Employee Signature Date

Supervisor Signature Date

Day	Continuing from Month:	Hours
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Day	Starting on Month:	Hours
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL NUMBER OF HOURS	0.00

OFFICE USE ONLY- Earnings

Position #:_____

Code	Index	Total Hrs	Rate	Total Wages
Total				

Remarks: **Timesheets must be in 91A Klamath by 5:00 PM on the 11th of each month.**