



Office of Human Resources

Hepburn Hall room 105

NEW JERSEY CITY UNIVERSITY

WEEKLY TIME SHEETS

Hourly Employee

DATE: \_\_\_\_\_

TO: PAYROLL DEPARTMENT

FROM: \_\_\_\_\_  
Name of Employee Employee ID

I declare that I have worked and performed services for the week beginning Saturday \_\_\_\_\_  
\_\_\_\_\_ 20 \_\_\_\_\_ as follows:

<u>Day</u>	<u>Date</u>	<u>Hours</u>
Saturday	_____	_____
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday*	_____	_____
	Total	_____

*\*Please note that the last day of a pay week is Friday.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**For Payroll Department Use Only**

Account# \_\_\_\_\_

**DO NOT WRITE BELOW:**

<u>Position No:</u>	<u>Hourly Rate</u>	<u>Hours Worked</u>	<u>Total Due</u>
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**Note: Weekly Time Sheets must be hand delivered to the Payroll Department by 11 am on the Monday following the end of the week above. Timesheets submitted after this deadline will be processed on a later payroll.**