HOURLY TIME AND EFFORT REPORT

CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION

EMPLOYEE INFORMATION

Employee Name (Last, First MI):	Auxiliary ID:
University E-Mail Address:	Employee Type:

** Payroll Overload Approval Form Required*

PAY PERIOD INFORMATION

Current Year: 2015 Current Month:

HOURS WORKED

Date	Time In	Time Out	Time In	Time Out	Total Hrs	ST	OT
					0.00	0.00	0.00
					0.00	0.00	0.00
3rd					0.00	0.00	0.00
4th					0.00	0.00	0.00
h					0.00	0.00	0.00
					0.00	0.00	0.00
					0.00	0.00	0.00
					0.00	0.00	0.00
					0.00	0.00	0.00
0th					0.00	0.00	0.00
11th					0.00	0.00	0.00
1					0.00	0.00	0.00
13th					0.00	0.00	0.00
14th					0.00	0.00	0.00
15th					0.00	0.00	0.00

S LE U

Date	Hours sed	Dat		Total Sick

POSITION AND CO T CE R

Position:		Hourl of Pay:	
CC Name:		CC No Sub:	

COMPENSATION SUMMARY

	Hours	Rate	Total	O W	
Straight Time:	0.00	$0.00	$0.00	Total Hours:	
Sick Time:	0.00	$0.00	$0.00	Total Sick Hours:	0.00
Overtime:	0.00	$0.00	$0.00	Total Wages:	$0.00

For flat rate compensation, please click here ☐ Flat Rate Amount:

Please attach written justification for all flat rate compensation requests.

EMPLOYEE CERTIFICATION

I hereby certify under penalty of perjury that I have worked all hours indicated above and that all effort included in this report was performed exclusively for the grant, contract, agreement, or account application associated with the cost center indicated on this form. Furthermore, I certify that I have received all meal and rest breaks to which I was legally entitled and that all overtime worked was approved prior to the work being performed.

EMPLOYEE SIGNATURE DATE

SUPERVISOR CERTIFICATION

I hereby certify that I have verified and authorized the hours worked as stated above, believe them to be a true and accurate representation of effort, and affirm that sufficient money is on deposit with the Auxiliary Corporations to pay this voucher.

SUPERVISOR NAME SUPERVISOR SIGNATURE DATE

REV7.1.15

Submit timesheets to Foundation Financial Services at Mail Stop OF123
or via postal mail to 4910 N. Chestnut Ave., Fresno, CA 93710

SAMPLE