

**UNIVERSITY OF COLORADO DENVER--COLLEGE OF ARTS & MEDIA  
STUDENT / 9-MONTH TEMPORARY EMPLOYEE TIMESHEET**

Employee Name \_\_\_\_\_ Employee Email Address \_\_\_\_\_  
 Employee ID Number \_\_\_\_\_ Employee Phone Number \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Supervisor Phone Number \_\_\_\_\_  
 Department Name \_\_\_\_\_ Supervisor Email Address \_\_\_\_\_

Bi-Weekly - Pay Period Begin Date \_\_\_\_\_  
 Pay Period End Date \_\_\_\_\_  
**(Always Ending on Saturday)**

Dept # \_\_\_\_\_  
 Job # \_\_\_\_\_

BI-WEEKLY EARNING TYPES	
STUDENT HOURS	9-MONTH TEMP/REG HOURS
STH--Student Hourly	REG--Regular Earnings (Use for 9 month temp only)
	LTP--Late Pay (Hours from prior pay period)
LTS--Late Pay (Hours from prior pay period)	OTM--Overtime



	WEEK 1	Actual Time		Total Hours	WEEK 2	Actual Time		Total Hours
	DATE	(In)	Worked (Out)		DATE	(In)	Worked (Out)	
Sunday		---				---		
Monday		---				---		
Tuesday		---				---		
Wednesday		---				---		
Thursday		---				---		
Friday		---				---		
Saturday		---				---		
	Total Hours for Week 1				Total Hours for Week 2			
	<b>Total Hours for Weeks 1 and 2</b>							

**HR Only**

Job Code	Speed Type	Hourly Rate	Earning Type	Total Regular Hours	Other Earn Type	Other Hours

By signing below, both employer and employee certify that the hours and minutes shown herein are a complete and accurate record of time worked each day and for the reporting period. If applicable, the student employee is enrolled in the proper number of credit hours, pursuant to campus specific student employment guidelines (please reference the Student Employment Handbook).

**Once signed, supervisor must deliver in person to AR177 or email to CAM HR office personnel.**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Send to Supervisor for Approval

Send to CAM Dean's Office for Processing