



AUBURN UNIVERSITY

ID #: _____

TEMPORARY EMPLOYMENT SERVICES TIMESHEET

THRU _____

Name of Employee _____

Payroll Period _____

	Date of Service	AM		PM		Total Hours
		Time In	Time Out	Time In	Time Out	
Sun.						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Sat.						
						Weekly Total*

	Date of Service	AM		PM		Total Hours
		Time In	Time Out	Time In	Time Out	
Sun.						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Sat.						
						Weekly Total*

Department _____

Fund-Organization-Program _____

Supervisor's Signature _____

Employee's Signature _____

Weekly Total* _____

Total Hours- _____