



Time Tracking Form

Pay Date _____

Emp Number : _____

Cost Center : _____

BANNER Fund: _____

Org: _____

Time Sheet Org: _____

Position: _____

Rate: _____

	In	Out	Hrs
Sun			
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			
Total			

	In	Out	Hrs
Total			

	In	Out	Hrs
Total			

	In	Out	Hrs

Note: *THIS IS NOT A VALID TIMESHEET. PLEASE USE WEB TIME ENTRY.*

In/Out times must be rounded to the nearest 15 minute increment.

Example:
 8:00
 8:15
 8:30
 8:45

Total Hours

Employee Signature _____

Date _____

Audited to Time Clock

Supervisor's Signature _____

Date _____