

GSD Weekly Time Sheet

Department _____
(Required)

Harvard Univ ID _____
(Required)

Project / Course # _____
(If TA / Working on specific project)

Name (Print) _____
(First Name) (Last Name) Hourly Rate of Pay _____

Employee Type Harvard Student **Non-work Study**
(or) Non-Harvard Student
For Week Ending _____ / _____ / _____
Month Day Year
(Week Ends Saturday)

	Month	Day	Time In	Time Out	Total Hours	
Sun	/	/				
Mon	/	/				
Tues	/	/				
Wed	/	/				
Thurs	/	/				
Fri	/	/				
Sat	/	/				
						Total Hours For Week <input style="width: 100px; height: 20px;" type="text"/>

I certify that the above hours are correct and the work was performed in a satisfactory manner:

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

*Time Sheets must be submitted weekly by the end of the week worked in accordance with Massachusetts law. Time **must** be entered in full hour, half hour, or quarter hour increments. No smaller units of time may be used.*

Optional Section For Department Payroll Administrators

Employee Record # _____ Override Pay Rate _____

Session #: _____ Processed on: _____

Time Sheets for Work Study Students must be sent to Fiscal Services. The sheets will be audited periodically. Time Sheets for non-Work Study Students and non-Students are to be retained in the Department.