



University of Wisconsin-Extension Classified Limited Term Time Sheet

Employee Name: _____ Person ID Number: _____

Department Name: _____ Department Address: _____

Employee Address: _____
STREET CITY ZIP

Pay Period: _____ through _____

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs	Wk.Ending

Check those that apply:

Home Address Change Ending Employee, Reason: _____

NOTE: Holidays are included in this pay period and I acknowledge that if hours are recorded on a holiday that I did, in fact, work on the holiday(s)

6 min = .1 24 min = .4 42 min = .7
12 min = .2 30 min = .5 48 min = .8
18 min = .3 36 min = .6 54 min = .9

Employees must have a current W-4 and I-9 on file.
Report all changes to employment status, address, tax withholding, funding or rate to the UWEX payroll office.

Total Hours Rate Change

Funding (Div-Dept-Fund-Act-Acct) Change

I confirm that I have firsthand knowledge or other means of verifying the work performed, and that the accounting distribution of "total hours" represents a reasonable estimate of the satisfactorily performed work.

Employee's Signature Date

Supervisor Signature Date Phone