



PAYROLL SERVICES

The UNIVERSITY of OKLAHOMA

Paper Timesheet

Employee Name _____ EMPLID _____ Pay Period End Date _____

Week of														
Pay Code	Saturday		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday	
	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
Total Hours														

Week of														
Pay Code	Saturday		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday	
	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
Total Hours														

Total for Week of	
Total for Week of	
Pay Period Total	

Comments

By signing and submitting this timesheet I certify that I have accurately recorded all hours that I have worked or taken as time off in accordance with applicable OU Policy and guidelines. I understand that I am subject to discipline up to and including termination if I have failed to record or have misrepresented any information on my timesheet.

Employee Signature

Date

By signing and approving this timesheet I certify that I have reviewed all hours for accuracy and compliance with applicable OU policy and guidelines. I understand that I am subject to discipline up to and including termination if I have failed to review or allowed for the misrepresentation of any information on the timesheet.

Supervisor Signature

Date