



# Old Dominion University Research Foundation

## Time Sheet

Employee \_\_\_\_\_

UIN / RF ID : \_\_\_\_\_

University Employee:  Yes  No

*\*If Yes, Obtain Required Signature Below*

WEEK 1		Start Date						End Date			
		Sun	M	T	W	TH	F	Sa	Total Hours	Regular Hours	O/T Hours
Project # 1:	IN										
	OUT										
	IN										
	OUT										
Project # 2:	IN										
	OUT										
	IN										
	OUT										
<b>Total Hours Per Day</b>											

WEEK 2		Start Date						End Date			
		Sun	M	T	W	TH	F	Sa	Total Hours	Regular Hours	O/T Hours
Project # 1:	IN										
	OUT										
	IN										
	OUT										
Project # 2:	IN										
	OUT										
	IN										
	OUT										
<b>Total Hours Per Day</b>											

RECAP									
	Total Hours	Reg Hours	RATE	AMT \$	OT Hours	RATE	AMT \$	TOTAL \$	REMARKS
Project # 1:									
Project # 2:									
Sick Leave									
Annual Leave									
<b>TOTAL</b>									

<p>I certify that the above report of hours worked is correct.</p> <p>_____ Signature - Employee <span style="float: right;">Date</span></p> <p>_____ Signature - Supervisor <span style="float: right;">Date</span></p>	<p><b>*Signature Required for Payment, if ODU Employee.</b></p> <p>_____ Dean or Vice President <span style="float: right;">DATE</span></p>
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