

Timetable

Name:

Time / period	Monday	Tuesday	Wednesday	Thursday	Friday

I, the undersigned employee, certify that all hours worked are reflected on this time card are correct, and no other unauthorized or unreported hours were worked.

I, the undersigned supervisor, certify both that the hours reported are accurate and complete, and the distribution of effort for the period is reasonable.

Supervisor

Please send completed form to your departmental Time Administrator