

Corrected Time Sheet Form for WAGE Employees
GMU Human Resources & Payroll

Name: _____

Department: _____

GMU ID#: G _____

Organization#: _____

Position Title: _____

Time Sheet Period: _____

Position# and Suffix: _____

Date:								Total
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Week 1 Hours:								

Total Week 1 & 2 Hours

Date:								Total
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Week 2 Hours:								

Reason for Paper Submission: _____

I certify that the timesheet I am submitting correctly and accurately reflects my hours worked and/or leave taken during this time period. I understand that a failure to submit my hours worked and/or leave taken in accordance with the established procedures for my position may result in non-payment, incorrect payment, and/or disciplinary action.

Employee Signature: _____ **Printed Name** _____ **Ext.** _____ **Date:** _____

Signature of Approver: _____ **Printed Name:** _____ **Ext.** _____ **Date:** _____

Please note that timesheets will not be processed without an approver's signature