



BALL STATE UNIVERSITY BI-WEEKLY TIMESHEET (B-65)

BW# _____

Time Sheet for Period Ending _____, 20__

Employee Name: _____

Employee ID: _____

Position Number and Suffix _____

FOAPAL: _____

Day	Date	Start Time		End Time		Total Hours	Remarks
		IN	OUT	IN	OUT		
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
TOTAL HOURS							

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

I do hereby certify that the above record is a correct record of the hours worked/gross pay by me for Ball State University for the period indicated and that no part of the amount due for these aforesaid hours of service has been or is to be, directly or indirectly divided with or paid to any other person on account of or by reason of such employment.