**Classification Timesheet Pay Request - Group Roster**

Report Hours Beyond Regular Assignment. Please submit within 60 days of time worked.

**COMPLETE IN BLACK OR BLUE INK - NO PENCIL OR WHITE OUT - PLEASE INITIAL CORRECTIONS**

**PURPOSE:**

**DATE:** ___________________________  **TIME:** From: __________  To: __________

**Budget Account Code:** ________________________________________________________

<table>
<thead>
<tr>
<th>Employee Legal Name (please print or type name)</th>
<th><strong>Employee Signature</strong></th>
<th># of hours worked</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>CERTIFICATION OF WORK:</strong> by signing below you certify that the hours worked are true and correct.</td>
<td></td>
</tr>
</tbody>
</table>

*PAY PERIOD = Calendar month (1st - 31st) to be paid the following month. Group pay rosters are due in Payroll by the 5th of the month, in order to be paid that month.

**APPROVAL:**

Building/Program Administrator Signature  **DATE:** ___________________________

**APPROVAL:**

Budget Administrator Signature  **DATE:** ___________________________

ASB Student Signature, if required  **DATE:** ___________________________

**REVISED 8/2016**