

## Classified 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: \_\_\_\_\_

<b>Employee Legal Name</b> <i>(please print or type name)</i>	<b>Employee Signature</b> <i>CERTIFICATION OF WORK: by signing below you certify that the hours worked are true and correct.</i>	<b># of hours worked</b>

**\*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: \_\_\_\_\_