

SAN FRANCISCO STATE UNIVERSITY FOUNDATION, INC.

P.O. BOX 320160 SAN FRANCISCO, CA 94132-0160

PROJECT TIME REPORT

NAME: _____
 LAST FIRST

Check One:

Period: _____ /01/ _____ to _____ /15/ _____

Period: _____ /16/ _____ to _____ /3_ / _____

| DATE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TL | |
|-------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| HOURS WORKED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JURY DUTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VACATION LEAVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SICK LEAVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEAVE WITHOUT PAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL DAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OVERTIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOLIDAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL HOURS PAID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| ADJUSTMENTS | | | |
|-------------|-----|-------|-------------|
| MONTH | DAY | HOURS | EXPLANATION |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| INDICATE STATUS |
|-----------------------|
| Check applicable box: |
| Hourly |
| [Hrs] |
| Salaried |
| [%] |

| COMPLETE DISTRIBUTION | |
|-----------------------|----------------|
| Allocate time worked: | |
| PROJECT # | Hrs / % |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

By signing this time sheet, I certify that the above-recorded time accurately and fully reflects the time that I worked during the designated pay period, unless otherwise expressly noted on this time sheet and initialed by my supervisor. I also certify that, during the above designated pay period, I was provided, and I took all meal and rest periods to which I am entitled under the law.

EMPLOYEE SIGNATURE: _____

PROJECT DIRECTOR/SUPERVISOR APPROVAL: _____