GEORGETOWN UNIVERSITY
TIME AND ATTENDANCE SHEET FOR HOURLY EMPLOYEES

Employee Name: **GU ID Number:**

Position Number:

Date	Start Time		End Time	Initials	Daily Total Hours
Monday ___/___/___					
Tuesday ___/___/___					
Wednesday ___/___/___					
Thursday ___/___/___					
Friday ___/___/___					
Saturday ___/___/___					
Sunday ___/___/___					
			Total worked for the Week:		

Submit Completed Form to Timekeeper or Manager

If GU Student: Is student eligible for Federal Work Study (FWS) funding for his/her wages? ○ Yes ○ No

_____ _____ _____/_____/_____

Manager / Supervisor Signature | Printed Name | Date

(Next Two Lines to Be Completed By the Time Keeper or Manager)

Supervisory Organization:	**Supervisory Organization Number:**
Week Ending:	**Pay Period Ending:**

Please Retain in the Department for Seven Years. *Revised June 2012*