MSU KBS
Timesheet

Lab/Department _____ Supervisor Signature _____

(Department Head)

Pay period _____

Acct #	Name of Employee	FIRST WEEK								SECOND WEEK									
	(last) (first)	Sun	Mon	Tue	Wed	Thur	Fri	Sat	**Week Total**	Sun	Mon	Tue	Wed	Thur	Fri	Sat	**Week Total**	**TOTAL (2weeks)**	**OVT**