

**CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION
PAYROLL TIMESHEET**



Mail Check (Mark "x" in box)

NAME _____

DATE _____

STREET ADDRESS _____

XXX - XX - _____
LAST FOUR DIGITS OF SOCIAL SECURITY NO.

CITY STATE ZIP _____

FOUNDATION ACCOUNT NUMBER _____

JOB TITLE _____

ACCOUNT NAME _____

PAY PERIODS	
SALARY	1-15 and 16- EOM
HOURLY	23-8 and 9-22

Check one: () Salary
() Hourly

Record below the hours you worked for the pay period ending: _____

Sun	Mon	Tues	Wed	Thur	Fri	Sat
Sun	Mon	Tues	Wed	Thur	Fri	Sat
Sun	Mon	Tues	Wed	Thur	Fri	Sat

I hereby certify that the hours recorded above reflect a true and accurate record of the services rendered and payment is in order.

$$\text{Rate} \times \text{Hours} = \text{Gross Pay}$$

Payee Signature/Date (as name appears above)

Authorized Account Signer/Date
(Account Director or Designee)

Supervisor's Signature/Date (if applicable)