

| Employee Name (please print) | | | | Assignment Department | | | |
|---|------|--------------|---------------|-----------------------|---------------|-------------------|--|
| SAP Number# | | | | Hourly Rate of Pay | | | |
| Day | Date | Time Started | Out for Lunch | In from Lunch | Time Finished | Total Time Worked | |
| Sun | | | | | | | |
| Mon | | | | | | | |
| Tues | | | | | | | |
| Wed | | | | | | | |
| Thus | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |
| Total Week 1 | | | | | | | |
| Sun | | | | | | | |
| Mon | | | | | | | |
| Tues | | | | | | | |
| Wed | | | | | | | |
| Thur | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |
| Total Week 2 | | | | | | | |
| Total hours worked this pay period | | | | | | | |

UAMS U-TEMPS

Time Sheet

Att: Lakeshia Lovelace
 Phone (501) 320-7596
 Email: lslovelace@uams.edu
 Fax (501) 603-1317
 Intra-mail #566

I certify that the hours shown were worked by me during the pay period indicated. I understand I am to contact UAMS TEMPS after completing the assignment. I also understand that this timesheet must be delivered to U-TEMPS by 4:30 p.m. on the Friday before the bi-weekly pay period.

 Employee Signature Date

I hereby certify the information submitted by the employee is correct.

 Department Head's Signature Date

Account # to be billed Intra-mail #

Please return the white top sheet to U-TEMPS
 For more information about U-TEMPS:
www.uams.edu/ohr/employment

On Call Hours _____
 Shift Hours _____
 Travel Hours _____