

**ST. LAWRENCE UNIVERSITY**

**Datatel - Colleague**

**Time Entry Form**

**PAY PERIOD**

**THRU**

NAME (Please Print): _____	DEPT: _____
POSITION TITLE: _____	Status:    Temp    Part-time    Full-time

Date	Day	Scheduled Hours	Hours Worked	Annual Leave Hours	Sick Hours	Other Time Hours	Other Time Types	Shift Hours	Shift Type
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
<b>Totals&gt;&gt;&gt;</b>									
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
<b>Totals&gt;&gt;&gt;</b>									

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Supervisor

*Your signature as an employee on this timesheet is your confirmation that the information you have provided is truthful & accurate.*