



Human Resources & Payroll  
 4400 University Drive, MS 3C3, Fairfax, Virginia 22030  
 Phone: 703-993-2600; Fax: 703-993-2601

**Corrected Time Sheet Form for WAGE Employees**  
 GMU Human Resources & Payroll

Name: \_\_\_\_\_

GMU ID#: \_\_\_\_\_

Position Title: \_\_\_\_\_

Position #: \_\_\_\_\_ Suffix: \_\_\_\_\_

Department: \_\_\_\_\_

Organization #: \_\_\_\_\_

Time Sheet Period: \_\_\_\_\_

Date:								Total
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Week 1 Hours:								

Total Week 1 & 2 Hours

Date:								Total
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Week 2 Hours:								

Reason For Paper Submission: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the timesheet I am submitting correctly and accurately reflects my hours worked and/or leave taken during this time period. I understand that a failure to submit my hours worked and/or leave taken in accordance with the established procedures for my position may result in non-payment, incorrect payment, and/or disciplinary action.

Employee Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Approver: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_\_

*Please note that timesheets will not be processed without an approver's signature*