Oberlin College Payroll Office
Bi-weekly/Temp - Hourly Employees

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T Number

Name: _____ _____ _____
(last)　　　　　　　　　　　　　(first)　　　　　　　(initial)

Position, Department:_____

Payroll week starting Monday, _____and ending Sunday, _____ _____

HOURS WORKED	
Mon.	
Tues.	
Wed.	
Thu.	
Fri.	
Sat.	
Sun.	
TOTAL:	

Flat Rate (if applicable): | $_____._____

Number of Hours:	Charged to	Index Code:	Account Code:
	Charged to		
	Charged to		
	Charged to		

Employee Signature:_____

Approved by (Supervisor signature):_____

Supervisor print name, Extension & Date:_____

All completed timesheets must be emailed to Payroll@oberlin.edu for processing. Please refer to the payroll schedules available at: https://www.oberlin.edu/human-resources/compensation-payroll.

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