



The University of Georgia

Temporary Staffing Time Sheet

Procurement Department

Attachment C to Agency Contract for Temporary Personnel Services

Customer: The University of Georgia

UGA department: _____

Street (mailing) address: _____

UGA supervisor: _____ Phone _____

UGA supervisor title: _____

Employee name _____ Employee Social Security # _____

Week ending (Sunday)
Mo Day Yr

	MON	TUES	WED	THURS	FRI	SAT	SUN	
Date:								
In								
Out								
In								Total weekly compensated hours
Out								
Daily total								<input type="text"/>

(To the nearest quarter hour)

Indicate portions of hours as follows:
15 minutes = .25
30 minutes = .5
45 minutes = .75
(Ex. 1½ hours = 1.5)

I certify I have worked the hours listed above during the week ending designated.

Employee signature _____ Date _____

I certify the above hours are correct.

UGA supervisor signature _____ Date _____
(Same as named above.)

Questions about this form?
Contact the UGA Procurement Department at 706-542-7066