

**UNIVERSITY OF PENNSYLVANIA
SCHOOL OF ARTS AND SCIENCES
TIME CERTIFICATION FOR A-5 EMPLOYEES**

Department: _____

Weekly Period: Monday: _____ Through Sunday: _____ Date Prepared: _____

DAY	FROM (time)	TO (time)	FROM (time)	TO (time)	FROM (time)	TO (time)	TOTAL HOURS
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL							

The signatures on this sheet are to certify that the time reported is accurate in terms of day and time for hours worked. Signed sheets are due in the Business Office by 12 noon on Friday for payment on the following Friday.

Employee: _____
(Name Printed)

(Certifying Signature)

Supervisor: _____
(Name Printed)

(Certifying Signature)