



SUPPLEMENTAL TIMESHEET

AS420

Account #		Voucher #	
Type of Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Wage	
Pay Period	Start	End	

Department		Contact	
Phone		E-mail	

LSUID	Employee (Last/First)	Week 1		Week 2		Suppl CD	Obj Code	Rate Of Pay	Suppl Pay	Hrs	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F
		Work	Leave	Work	Leave																			
										Wk														
										Lv														
										Wk														
										Lv														
										Wk														
										Lv														
										Wk														
										Lv														
Totals						Total # of employees to be paid on this voucher _____																		

I certify that the above is correct.

Payroll Contact _____

Date _____

Approved by

Supervisor _____

Printed Name _____

Date _____

FOR ACCOUNTING SERVICES USE ONLY

Released by _____

Date _____

Voucher # _____