



Edward Via College of Osteopathic Medicine

Employee Wage Timesheet

Human Resources Directors

Virginia Campus: Eric Klingbeil – eklingbeil@vt.vcom.edu
 Carolinas Campus: Jean Harris – jvharris@carolinas.vcom.edu
 Auburn Campus: Lasaua Willis – lwillis@auburn.vcom.edu
 Louisiana Campus: Christie Ellis – cellis01@ulm.vcom.edu

Employee Name (Please Print):	Grant Name & Fund Number (If Applicable):
-------------------------------	---

Work Period			
Month:	Dates: 1 st -15 th :	Dates: 16 th -End:	Year:

Payrolls are biweekly periods of 1-15 and 16-end of month. Submit at the end of each work period.

Work Week		Hours Worked							
Begin Date	End Date	SUN	MON	TUE	WED	THURS	FRI	SAT	Total Hours

Employee Signature _____ Date _____ Supervisor Signature _____ Date _____

TO BE COMPLETED BY HUMAN RESOURCES	
Employee's Hourly Rate: _____	Total Paycheck: _____
Employee Personnel #: _____	Employee Position #: _____
Signed: _____	Date Recorded in Payroll: _____