

Tufts University

Prepared by:	
Date:	Ext:

New Hire TimeSheet

Date of Hire	e:		Timekeep#											
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Name:									Employee ID:					
(Last, Firs														
Department Name:								Dpt.#:						
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Sunday	Monday	Tuesday	Wednesday	Thursday Fr		riday Sa	Saturday		RECAP SECTION			OVERRIDE SECTION		
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REMARKS	1.													
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I certify that the hours shown have been worked by this individual.														
I certify that the	e hours shown hav	ve been worked	by this individual.											
Department H	ead/Supervisor		Date											
Department H	.cau/Supcivisoi		Date											

Return to the Service Center the following Monday, no later than 12:00 noon Service Center FAX 617-627-3536

The Service Center will not keep a copy of this form. Make a copy for your own records.