

NAME _____

DEPARTMENT _____

TIMESHEETS MUST BE SUBMITTED TO PAYROLL ON MONDAY BY 4:00PM OF SCHEDULED DATE UNLESS OTHERWISE INDICATED (see reverse)

By signing below, the employee and supervisor are certifying the accuracy of this timesheet.

DATE _____

2025 – 2026 PART TIME EMPLOYEE PAYROLL SCHEDULE

Payroll Period	Timesheet Due Date	Pay Date
08.12.25 – 08.24.25	08.25.25	09.05.25
08.25.25 – 09.07.25	09.08.25	09.19.25
09.08.25 – 09.21.25	09.22.25	10.03.25
09.22.25 – 10.05.25	10.06.25	10.17.25
10.06.25 – 10.20.25	10.20.25	10.31.25
10.20.25 – 11.02.25	11.03.25	11.14.25
11.03.25 – 11.16.25	11.17.25	11.28.25
11.17.25 – 11.30.25	12.01.25	12.12.25
12.01.25 – 12.14.25	12.15.25	12.26.25
12.15.25 – 12.28.25	12.29.25	01.09.26
12.29.25 – 01.11.26	01.12.26	01.23.26
01.12.26 – 01.25.26	01.26.26	02.06.26
01.26.26 – 02.08.26	02.09.26	02.20.26
02.09.26 – 02.22.26	02.23.26	03.06.26
02.23.26 – 03.08.26	03.09.26	03.20.26
03.09.26 – 03.22.26	03.23.26	04.03.26
03.23.26 – 04.05.26	04.06.26	04.17.26
04.06.26 – 04.19.26	04.20.26	05.01.26
04.20.26 – 05.03.26	05.04.26	05.15.26
05.04.26 – 05.19.26	05.18.26	05.29.26
05.18.26 – 05.31.26	06.01.26	06.12.26
06.01.26 – 06.14.26	06.15.26	06.26.26
06.15.26 – 06.28.26	06.29.26	07.10.26
06.29.26 – 07.12.26	07.13.26	07.24.26
07.13.26 – 07.26.26	07.27.26	08.07.26
07.27.26 – 08.09.26	08.10.26	08.21.26
08.10.26 – 08.23.26	08.24.26	09.04.26

ALL DATES ARE SUBJECT TO CHANGE