

DEPARTMENT: _____

CHARGE CENTER _____

NAME _____

EMPLOYEE ID: _____

PAYROLL PERIOD:

OCCUPATION: _____

From: _____ To: _____

Date	Time In	Time Out	Time In	Time Out	Total Hours
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
Total Hours					

Date	Time In	Time Out	Time In	Time Out	Total Hours
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Hours					

I certify that the hours listed above are correct.

Employee's Signature Date

I certify that hours, rates, and account number are correct and that the work performed by the employee has been satisfactory.

Supervisor's Signature Date

Total Hours	Rate/Hour
Amount: \$ _____	