

VOUCHER FOR HOURLY PAID EMPLOYEES

LABORATORY OR SERVICE _____ ORGANIZATION # _____

TODAY'S DATE _____ PERIOD FROM _____ TO _____ (inclusive)

PTAO _____

WORK DATES AND NUMBER OF HOURS WORKED PER DAY

FOR PAYROLL USE ONLY	NAME	MON DATE	TUES DATE	WED DATE	THURS DATE	FRI DATE	SAT DATE	SUN DATE	TOTAL
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	
		HRS	HRS	HRS	HRS	HRS	HRS	HRS	

The work week for employees on this payroll covers the period from Monday through Sunday.
This time voucher must be submitted to Human Resources every Friday.

SIGNATURE OF LABORATORY/DEPARTMENT HEAD* _____ DATE _____

*Laboratory or Department Head must authorize designee signature in writing to Human Resources.