

Employee Name	
w#	

Fund	Dept	Program	Acct	Project	PAY PERIOD START DATE	PAY PERIOD END DATE

Hourly Rate	Casual	Auxiliary

WEEK 1	DATE	HOURS WORKED	OTHER INFORMATION
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Total			

WEEK 2	DATE	HOURS WORKED	OTHER INFORMATION
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Total			

Notes/Comments	
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Supervisor's Signature

Employee's Signature