Employee Name	
w#	

Fund	Dept	Program	Acct	Project

PAY PERIOD START DATE	PAY PERIOD END DATE

Hourly Rate

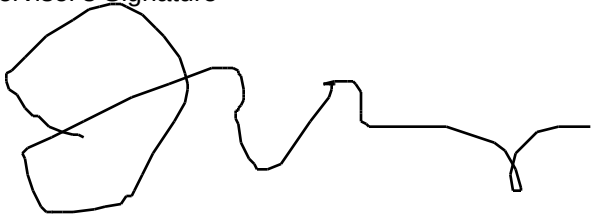
Casual	Auxiliary

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	

Supervisor's Signature



Employee's Signature