

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