Employee Name											
	w#										
Fund	Dept	t Program		cct	Project	$\overline{\exists}$	PAY PERIOD		OD START DATE	PAY PE	RIOD END DATE
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Hourly Rate				Casual					Auxiliar	·V	
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WEEK 1		DATE		 	HOURS WORKED				OTHER INFORMATION		
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Total											
	•			•							
WEEK 2		DATE		F	HOURS WORKED				OTHER INFORMATION		
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Tota											
Notes/C	omments										
Supervisor's Signature								Emplo	oyee's Signature		