

**DO NOT ALTER THIS
FORM IN ANY WAY**

Hourly

**NORTHERN ARIZONA UNIVERSITY
HOURLY TIME SLIP**

Must be completed in ink and ALL changes initialed

PAY PERIOD END DATE: 3/15/15

NAME: Gilbert Michael K EMPLOYEE ID # 2645453
LAST FIRST MIDDLE

DEPARTMENT DEPARTMENT
NAME: Vice President for Research CODE: _____ POSITION #: _____


	M	T	W	Th	F	Sat	Sun	Weekly Total
Week 1		6.5		7	4.75			18.25
Week 2		7		7	4.25			18.25

Rate _____ x Reg Hours _____ = \$ _____
OT Rate _____ x OT Hours _____ = \$ _____

TOTAL

ALL OVERTIME HOURS TO BE PAID MUST BE SUBMITTED TO PAYROLL

BY OUR SIGNATURES WE ATTEST THAT THIS RECORD REPRESENTS ACTUAL HOURS WORKED FOR NAU AND/OR UNDER THE FEDERAL WORK STUDY PROGRAM FOR THE PERIOD REPORTED AND THAT ALL THE WORK HAS BEEN PERFORMED IN A SATISFACTORY MANNER.

APPROVED _____ CORRECT 
IMMEDIATE SUPERVISOR EMPLOYEE SIGNATURE

**PLEASE PRINT CONTACT NAME
AND PHONE NUMBER

Michael Gilbert 928-254-8793

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