RUTGERS, THE STATE UNIVERSITY

GRADUATE SCHOOL OF EDUCATION

OFFICE OF THE UNIVERSITY CONTROLLER DIVISION OF GRANT AND CONTRACT ACCOUNTING

Hourly Pay Time Report

imployee ID Number Last Name	First Name	Initial Industrial Control Con
1.5		
ocation Code 0178998 College/	11	Department Company
Sat Sun Mon Tu	Tues Wed Thurs Fri 1/23 1/24 1/25 1/26 0 Weekly Total	Sat Sun Mon Tues Wed Thur Fri Iy Total .
8 12:100 12:00 II:00		02/02/18 12:00 12:00 11:00
To 4:00 4:00 3:00	4:00 3:00 4:00 - 7/1	To 2:00 3:00 1:00
Total	1 1 1 0 1	Total 2 3 2
	Total Hours	Total Hours
Account # Charged 381042151814	24	Account # Charged 381042151814
occount # Charged		Account # Charged
ccount # Charged		Account # Charged
omments		Certify only after work has been completed.
r		Certification Statement
		I confirm that the above distribution of salaries and wages directly charged to Sponsored Agreements/Programs is appropriate and reasonable in relationship to the work performed.
if 42 accounts-please be specific on dates research was performed.	n was performed.	Supervisor Certification Signature Certification Date
Substitute		
Days Tenths Other Pay *	Account # Charged Amt. Charged	arged Account # Charged Amt. Charged Account # Charged Amt. Charged NO. Wks Appt. No