RUTGERS, THE STATE UNIVERSITY

GRADUATE SCHOOL OF EDUCATION

OFFICE OF THE UNIVERSITY CONTROLLER

DIVISION OF GRANT AND CONTRACT ACCOUNTING

Hourly Pay Time Report

Employee ID Number Last Name	First Name	Initial Hourly Rate Class Job Class Position Code
Patel	Raj	
ocation Code 0178998 Colleg	College/Division Graduate School of Education	Department Campus College Ave.
Sat Sun Mon Week One Date 3/17 3/18 3/19	Tues Wed Thurs Fri 3/20 3/21 3/22 3/23 0 Weekly Total	Week Two Date 3/24 3/25 3/26 3/27 3/28 3/29 3/30 Weekly Total
B 12:00 10:00 3:00	3:00 2:00 :	12:96 1:90 5:00 1:00
Total 3;00 3;00 5;00	2 2 3 2 17	To 2:00 4:00 8:00 3:00 10
	Total Hours	Total Hours
Account # Charged 38 104 215 18 1		Account # Charged 381042\51814 10
Account # Charged		Account # Charged
Account # Charged		Account # Charged
20mments		Certify only after work has been completed. 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.		Supervisor Certification Signature Certification Date
Substitute Days Tenths Other Pay*	Account # Charged Amt. Charged Account	Account # Charged