

Name		B #	Phone Number:
Title	Line No.	Schedule (work days and hours)	
Pay Rate / Hour \$	Department:	E-mail	

Pay Period Beginning Date: \_\_\_\_\_

Pay Period Ending Date: \_\_\_\_\_

Actual Hours Worked									Total Hours Worked or Charged
Day	Date	In	Out	In	Out				Total Hours
Wed									
Thur									
Fri									
Sat									
Sun									
Mon									
Tues									
<b>Totals Week 1:</b>									
Day	Date	In	Out	In	Out				Total Hours
Wed									
Thur									
Fri									
Sat									
Sun									
Mon									
Tues									
<b>Totals Week 2:</b>									

Pay Rate: \$ \_\_\_\_\_

Bi-Weekly Total Hours: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_