

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									
Totals Week 1:									
Day	Date	In	Out	In	Out				Total Hours
Wed									
Thur									
Fri									
Sat									
Sun									
Mon									
Tues									
Totals Week 2:									

Pay Rate: \$ _____

Bi-Weekly Total Hours: _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____