



Please check APPROPRIATE BOX:

**CAP**  
State Work Study

**FWS**  
Federal Work Study

**Student Labor**

**Other:**  
\_\_\_\_\_

Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Department \_\_\_\_\_

Two Week Pay Period Starting \_\_\_\_\_ Ending \_\_\_\_\_

	DAY	DATE	IN	OUT	IN	OUT	NUMBER OF HOURS
First Week of Pay Period	Friday						
	Saturday						
	Sunday						
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
Second Week of Pay Period	Friday						
	Saturday						
	Sunday						
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
						Hourly Rate _____	<b>TOTAL HOURS</b>

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUPERVISORS PLEASE VERIFY HOURS, EMPLOYEE'S ID #, AND INITIAL CORRECTIONS.**

**TO THE SUPERVISOR:** This report should be accurate, complete and submitted to the payroll unit (room 214) no later than Friday noon the day following the end of the pay period. The supervisor's signature certifies hours actually worked.