

Last Name	First Name	MI

Banner A Number

Month/Year

Department/Project

**Utah State University
Payroll Time Card**

Week	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Week Total
1								
2								
3								
4								
5								

Employee _____ Supervisor _____
 Signature _____ Signature _____

Total _____
 Rate _____
 Amount _____

This Time Record to be maintained by the Employing Department for three (3) years.