Sweet Briar College							Ti	imeShee	t							
Employee Name		Employee ID #							Employee Org							
Pay No	Pay Date Pa		Рау	ay Period		Position #		R	Rate			Position Title/FOAPAL				
						(E	PAY I Inter MM/D	PERIOD D for Pay								
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I CERTIFY THE CORRECTNESS OF THE HOURS WORKED AND LEAVE HOURS TAKEN				ADD					610010							
				-	TOTAL										\$.00	
				For each	day you wor	k, enter t	the number	of hours	you worked t	o the nea	rest tenth of an ho	ur. When	rounding, u	use this char	rt:	
EMPLOYEE SIGNATURE				1-6 minutes = .1 7-12 minutes = .2									minutes = . minutes = ?			
AUTHORIZED SUPERVISC	R'S SIGNATI	JRE		FINAL P <i>F</i>	AY?				-							
SBC BUSOFC/PR_BWTS_02_09.pc	lf			CHECK BOX IF	THIS IS THE EMPL	OYEE'S FIN	AL PAY IN YOUF	RDEPARTME	S	EPAKAI	FION DATE				Print Fo	orm