

## College of Agriculture and Technology PAYROLL OFFICE - Knapp Hall 123 HOURLY TEMPORARY

PAYROLL VOUCHER

Employee Name:					Department Account Number:						
Hourly Rate:  Line Item No:  Pay Period Beginning: (Enter Beginning Date Only-Other Dates are Formula-Driven)					Department	or Office:_			_		
					Office Phone Number:  Ending:				_ Bldg	Room #	
											H
Day	Dates				In' and 'Out' I 15 A Out: 12:	•			]		R
		In	Out	In	Out	In	Out	(Exclude Lunch)			<b>1</b> 7
Thu.	1/0/00										I
Fri.	1/1/00										
Sat.	1/2/00										
Sun.	1/3/00										
Mon.	1/4/00										
Tue.	1/5/00										
Wed.	1/6/00										
	<u> </u>		1 1		Weekly Total						
Thu.	1/7/00										
Fri.	1/8/00										
Sat.	1/9/00										
Sun. Mon.	1/10/00										
Tue.	1/11/00										
Wed.	1/13/00										
Total Amount \$				Weekly Total				Total Hours Worked:			
2 3 4	2. All hours work. 3. A work period. 4. Employee: Countil the follor. 5. Supervisor: R submit only the	cked on a holod cannot exomplete ALL wing pay per eview time s	iday or hours of tend beyond blanks, sign a riod.	which have six hours w and submit t acy, <u>initial</u> a	been adjusted i vithout taking o your supervis	must be initia  a lunch brea  sor when you	aled by the sup ak of at least of finish work for and corrections	ervisor befor one-half hou or the pay pe made on the	e payment cor, which mariod. Late ti	ust be shown on the sheets cannot be sheets cannot be sign certification.	ot be paid
I certify	that the days ar	nd hours wor	ked as recorde	ed above are	correct.		I certify that	the days and	hours indica	ated above repr	esent time

Date

Employee's Signature

worked by the employee including any holiday hours noted and initialed by me, and that the employee is entitled to payment

Date

thereof.

Supervisor's Signature