

TIMECARD

Employee Information (All fields are required)

Name (Last, First, MI) _____ Campus-Wide ID _____
 Department ID _____ Job Code _____ Record # _____
 Pay Period ID _____ Pay Group _____

WEEK ONE

Date	Pay Code	Amount	In	Out	In	Out	Total Hrs
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Hours _____

WEEK TWO

Date	Pay Code	Amount	In	Out	In	Out	Total Hrs
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Hours _____

I hereby certify that this time report correctly reflects all time worked by me for the pay period indicated.

 Employee (Signature) Print Name Date Extension

I hereby certify that the hours stated are true and correct.

 Supervisor (Signature) Print Name Date Extension