

## 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*