



Monthly Time reported

NAME:			EMPLOYEE ID:		
PAY END DATE:		Pay Rate:		Dept Name:	
				Acct. #:	
DATE	AM		PM		Total Hours Worked
	Time In	Time Out	Time In	Time out	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
TOTAL					

This information is a true statement of hours taken in the pay period indicated:

Explanation for payment if other than REGULAR pay:

EMPLOYEE SIGNATURE

DATE _____

AUTHORIZED SIGNATURE

DATE _____