Page _____ of _____ Period Ending _____ Prepared By: _____

Employee Name	Dept.	HOURS Regular	HOURS OT	HOURS Type	HOURS Other	EARNINGS Regular	EARNINGS OT	EARNINGS Type	EARNINGS Other	Temp. Hourly Rate	Auto Reimbursement	**Employee Hours Total**

	HOURS Regular	HOURS OT	HOURS Other	EARNINGS Regular	EARNINGS OT	EARNINGS Other	Temp. Hourly Rate	Auto Reimbursement
GRAND TOTALS								

"Other" Hours/Earnings Type Codes

C Cleaning L Lab
E Emergency S Sick
F Funeral T Travel
H Holiday V Vacation

Employee Total must equal to the total hours on an employee's time cards