

WAGE PAYROLL TIME SHEET

NAME: _____

ID NUMBER: _____

PAY PERIOD: _____

DAY	1 ST WEEK	2 ND WEEK
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
TOTAL HOURS		

APPROVED: _____
(PROJECT DIRECTOR)

Budget and Fund: _____

Total Hours/1st & 2nd Week: _____

Hourly Rate: _____

Total Paid: _____

MUST BE SUBMITTED EVERY OTHER FRIDAY IN ROOM 503 DEIKE