

TIMECARD

Employee In	formation (All	fields are require	ed)					
Name (Last, First, MI)			(Campus-Wide ID		
Department ID		Job Code			R	_ Record #		
Pay Period ID		Pay Group						
			WEE	EK ONE				
Date	Pay Code	Amount	In	Out	In	Out	Total Hrs	
Monday	,			2 0.0				
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Total Hours								
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 certif	y that the hour	s stated are true	and correct.					
Supervisor (Signature) Print Name						Date	Extension	