

PEPPERDINE UNIVERSITY

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*

Return Completed Form to the Payroll Office - Mail Code 4636