

Payroll Time Report for Temporary Employees

Instructions: PLEASE READ CAREFULLY

1. Print or type the required information. **BLUE OR BLACK INK. DO NOT USE PENCIL.**
2. Report actual hours worked each day and sick leave hours in the appropriate date space.
3. Report sick leave absences for scheduled work hours only.
4. Reporting Period is from the 25th of the month through the 24th of the following month.
5. Time Report is due in Payroll Services on the 25th of each month, and it is paid on the 10th of the month.
6. Employees must take a minimum 30-minute non-payable break after working for six consecutive hours.
7. Full and original signatures of the authorized supervisor and the employee are required.
8. Employees must report change of address to the Human Resource Services Office.

Reporting Period from /25/ through /24/

This section completed by supervisor:
 Sick Leave Absence Date(s) _____ Total Hours _____
 Actual Sick Leave Balance: _____ Date of Hire: _____

Account Number

Code	Account	Department	Program	Project/Grant	%

Last Name	First	Initial	EMPLID

Position	Department

Hours Worked

25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22	23	24	Total				

I certify that the above information is true and correct.

_____ Employee's Signature	_____ Supervisor's Signature
_____ Supervisor's Name - printed Ext. #	

For Payroll Use Only

Reg. Rate \$ _____ x Hrs. _____ = \$ _____

OT Rate \$ _____ x Hrs. _____ = \$ _____

Gross Total Pay \$ _____