



Payroll Time Record

Employee Name:		Emp/Stu ID:	
Dept #		Manager Name:	

Day	Date	Time In	Lunch	Time Out	Total Daily Hrs
MONDAY	/ /				
TUESDAY	/ /				
WEDNESDAY	/ /				
THURSDAY	/ /				
FRIDAY	/ /				
SATURDAY	/ /				
SUNDAY	/ /				
TOTAL WEEKLY HOURS					
Day	Date	Time In	Lunch	Time Out	Total Daily Hrs
MONDAY	/ /				
TUESDAY	/ /				
WEDNESDAY	/ /				
THURSDAY	/ /				
FRIDAY	/ /				
SATURDAY	/ /				
SUNDAY	/ /				
TOTAL WEEKLY HOURS					
TOTAL BIWEEKLY HOURS					

All payroll time records must be received by Monday morning of the requested pay week. Incomplete or unsigned forms cannot be processed.

Employee Signature:		Date:	
Manager Signature:		Date:	