

Employee Name

Department Name

Reporting Period From

DAY	HOURS WORKED
SATURDAY	
SUNDAY	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
TOTAL WEEK 1	
SATURDAY	
SUNDAY	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
TOTAL WEEK 2	
TOTAL	
EARNINGS CODE	Graduate Asst 019 (FICA Taxed)
	Graduate Asst 021

I certify that the above inform

Employee Signature

