



PART-TIME EMPLOYEES

Name _____ Employee No. _____

Department _____ Title _____

Two Week Pay Period Starting _____ Ending _____

	DAY	DATE	IN	OUT	IN	OUT	NUMBER OF HOURS
First Week of Pay Period	Friday						
	Saturday						
	Sunday						
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
Second Week of Pay Period	Friday						
	Saturday						
	Sunday						
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
						TOTAL HOURS	

Hourly Rate _____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Please account for each day including absences. If an employee leaves a job, please note the date and reason.

Termination Date _____ Reason _____

****TO THE SUPERVISOR:** This report form should be turned in to payroll office (room 214), by the supervisor no later than Friday Noon following the end of the bi-weekly pay period.