



PART-TIME EMPLOYEES

Name: _____ Employee No: _____

Department: _____ Title _____

Two Week Pay Period Starting: _____ Ending _____

WEEK ONE

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	Total # of hours
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								

WEEK TWO

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	Total # of hours
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								

Employee's Signature _____ Date: _____

Hourly Rate: _____ Total Hours _____

Supervisor's Signature: _____ Date: _____

***Please account for each day worked including absences**

Termination Date: _____ Reason: _____

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