WEEKLY TIME RECORD FOR NON-STANDARD HOURLY EMPLOYEE

Please use COLORED INK only to fill out form
Incomplete or incorrect forms will be returned without pay

Employee Name: _____ Employee ID: _____

Role: _____ Campus/Dept: _____

Time Period Start (day/month) _____ Time Period End (day/month) _____

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours ***
Date								
Hours Worked								
Date								
Hours Worked								
Date								
Hours Worked								
Date								
Hours Worked								
Date								
Hours Worked								

Rate of Pay _____ x Total Hours Worked _____ = Total Pay = _____

Budget Code   __ __ __ - __ __ - __ __ __ __ - __ __ - __ __ __ - __ __ - __

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Federal Programs (if applicable) Signature: _____ Date: _____

Payroll Approval: _____ Pay Period: _____

REVISED 08/01/2019