

# Payroll Hourly Time Card

Name: \_\_\_\_\_ [ ] Student

S #: S \_\_\_\_\_ [ ] Non-Student

Department: \_\_\_\_\_

Organizational #: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

Date	Year	IN	OUT	IN	OUT	IN	OUT	Total for Day	
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								1 <sup>st</sup> Week Total
	Friday								
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								2 <sup>nd</sup> Week Total
	Friday								

Rate of Pay: \_\_\_\_\_ per hour

Total Hours: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AS THE SUPERVISOR, I CERTIFY THAT THIS EMPLOYEE HAS WORKED \_\_\_\_\_ HOURS THIS PAY PERIOD AND FURTHER CERTIFY THAT THE WORK WAS PERFORMED SATISFACTORILY.**