

NAME: _____ PAY PERIOD _____
 DEPARTMENT: _____ BEGIN: _____
 EMPL ID: _____ END: _____

- ## Week # 1

Week # 2

	Date	Code
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Monday		
Tuesday		

EMPLOYEE SIGNATURE: _____ DATE: _____

_____ Employee has met the terms of his/her contract for this period -- Payment Authorized

_____ Employee has terminated employment or did NOT meet the terms of his/her contract for this period. Supervisor must notify Payroll that payment is NOT authorized.

Signature: _____ Date: _____
Department Chair