

Name: \_\_\_\_\_ Month \_\_\_\_\_ Program \_\_\_\_\_ Payroll Entry Date \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Year \_\_\_\_\_ Department \_\_\_\_\_ Code \_\_\_\_\_

Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Bus Office Only			
Date				Date				Date				Date				Date				Date							
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Bus Office Only			
Date				Date				Date				Date				Date				Date							
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Bus Office Only			
Date				Date				Date				Date				Date				Date							
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Bus Office Only			
Date				Date				Date				Date				Date				Date							
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					
IN		Out		IN		Out		IN		Out		IN		Out		IN		Out		IN		Out					

I certify that the above information is correct.

I certify that this individual has worked the number of hours reported.

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

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

Rate/ Hour: \_\_\_\_\_

Total Wages: \_\_\_\_\_