

Payroll Services
Monthly Employee Time Record

EMPLOYEE NAME	EMPL ID	DEPT	TITLE CODE	PERIOD ENDING-YEAR	PERIOD ENDING-MONTH
MAIL-TO BOX #	EMPLOYEE TITLE	TIME RECORD PAID ON	% OF TIME	TIME RECORD DUE IN	

DAY																	
DATE																	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
AM																	
PM																	
TOTAL																	

TO BE PAID, EMPLOYEE AND SUPERVISOR MUST SIGN TIME RECORD.

TIME RECORDS MUST BE COMPLETED IN INK.

SUPERVISOR MUST INITIAL ALL CHANGES IN INK.

ACCURACY IS ESSENTIAL

DAY																
DATE																
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
AM																
PM																
TOTAL																

					Regular Hours Worked
					Hours Absent with Pay
					Subtotal

(SUBTOTAL SHOULD NOT EXCEED TOTAL HOURS APPOINTED)

DAY																
DATE																
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
AM																
PM																
TOTAL																

					O/T Hours to be Paid
					S/T Hours to be Paid
					Comp O/T Hours Earned
					Comp S/T Hours Earned
					Total Hours Reported

DAY																
DATE																
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
AM																
PM																
TOTAL																

I CERTIFY THAT THIS IS A CORRECT AND COMPLETE RECORD OF THE HOURS WORKED THIS PAY PERIOD.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.