

Employee ID Number \_\_\_\_\_

Pay Period Ending \_\_\_\_\_

Name \_\_\_\_\_

Building/Position \_\_\_\_\_

	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	Office Use	
Dates															Hours	Days
Hours																
Overtime																
Comp T. Earned																
														Reg		
														OT		
														Misc 1		
														Misc 2		
														Sick	S	
														Vac	V	
														Per	P	
														TOTAL		

Approved By \_\_\_\_\_

7/2004

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