

Daily Time Record (To be used for hourly employees)

Student Name: _____
Please type or print legibly

For the payroll (two week) period ending Wednesday: ____/____/____
Please use separate sheets for other pay periods

Student Social Security #: _____
Type in last 4 digits only

Day	Date	In	Out	In	Out	In	Out	Hours per day
Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Total Hours per pay period:								

I hereby certify the above time record is correct.

Student Signature: _____

____/____/____
 Date

Department: _____

Account Number to be charged: _____

I hereby certify that the above has been approved.

Supervisor's Signature: _____
Only authorized signatures on file may approve time sheets

____/____/____
 Date

For Payroll Use only:

Entered on: _____

Received on: ____/____/____
 Date

Payroll #: _____

Initials: _____

**Note: If account varies from initial costing, please inform Clinic Finance.*