

Please be sure all information is completed and page totaled .
 Form will be returned if there is missing information. This could delay payment.

Tutorial

NAME: _____

PDE ID #: _____

Building: MS

Account # 00007483

Day		START	STOP	Total Time
	Date			
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

10-1450-120-000-20

PLEASE TOTAL

 Employee signature

 Date

 Supervisor's signature

 Date

PAYROLL DATE _____