

## SEMIMONTHLY REPORT OF HOURS

\* PLEASE REFER TO THE TIMESHEET SUBMISSION CALENDAR TO AVOID DELAYS IN PROCESSING & PAYMENT

\* FOR HOURLY PAID EMPLOYEES - DO NOT INCLUDE YOUR LUNCH BREAK IN HOURS WORKED FOR DAILY PAID EMPLOYEES - ENTER 1/2 <u>OR</u> WHOLE DAYS, NOT BOTH \* PLEASE USE INK TO COMPLETE THIS FORM

EMPLOYEE NAME:				EMPLOYEE LOCATION:				
PAYROLL DATE:				PAYROLL PERIOD:				
				-			-	
	MON	TUES	WED	THUR	FRI	SAT	SUN	HOURS FOR WEEK
DATE								
HOURS OR DAYS								
DATE								
HOURS OR DAYS								
DATE								
HOURS OR DAYS								
TOTAL HOURS OR DAYS FOR PAY PERIOD								
					_			
BUDGET CODE (ends in 154, 162, 164):					DATE:			
<u> </u>								
	EMF	PLOYEE SIGNAT	URE		SUPERVISOR SIGNATURE			
For Payroll Use Only:								