



SUPPLEMENTAL FORM - Hourly

NAME: _____ **EMPLOYEE NUMBER :** _____
(Employee number must be filled)

CAMPUS/DEPARTMENT : _____ **TODAY'S DATE:** _____

Hourly Rates

Extra Time Worked Pay Out

Name of event :			Fund Number :		
Date	Location	Rate of Pay	Hours Worked	Total Pay	
				\$	
				\$	
				\$	
				\$	
				\$	
Total				\$	

Name of event :			Fund Number :		
Date	Location	Rate of Pay	Hours Worked	Total Pay	
				\$	
				\$	
				\$	
				\$	
				\$	
Total				\$	

GRAND TOTAL \$

Requested by: _____
 Employee Signature

Approved by : _____
 Signature of Administration

**** Please note that by signing this form you understand that incomplete/ incorrect information may delay in pay****