

SUPPLEMENTAL FORM - Hourly

NAME:

EMPLOYEE NUMBER : (Employee number must be filled)

CAMPUS/DEPARTMENT :

TODAY'S DATE:

Hourly Rates

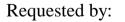
Extra Time Worked Pay Out

Name of event :		Fund Nu	imber :		
Date	Location	Rate of Pay	Hours Worked	Total Pay	
				\$	
				\$	
				\$	
				\$	
				\$	
	tal \$				

Name of event :			Fund Nu	mber :			
Date	Location	Rate of	f Pay	Hours Worked			Total Pay
						\$	
						\$	
						\$	
						\$	
						\$	
Tot							\$

GRAND TOTAL

\$



Employee Signature

Approved by :

Signature of Administration

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

Revised July 2019