

# PAYROLL PAYMENT REQUEST

Legal Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Campus/Department: \_\_\_\_\_ Employee Position: \_\_\_\_\_

Description of Work Completed: \_\_\_\_\_

	DATE	TIME START	LUNCH START	LUNCH END	TIME END	TOTAL HOURS AND MINS WORKED	
<b>WK 1</b>							
<b>MON</b>							
<b>TUE</b>							
<b>WED</b>							
<b>THU</b>							
<b>FRI</b>							
<b>SAT</b>							
<b>SUN</b>							
					<b>WK1 Total Hours:</b>	<b>HRS</b>	<b>MIN</b>
<b>WK 2</b>							
<b>MON</b>							
<b>TUE</b>							
<b>WED</b>							
<b>THU</b>							
<b>FRI</b>							
<b>SAT</b>							
<b>SUN</b>							
					<b>WK 2 Total Hours:</b>	<b>HRS</b>	<b>MIN</b>

	Pay Rate:	
	Total Amount:	

Fund	Type	Function	Object	Sub Obj	ORG	Year	PIC	Local Option
	<b>E</b>							

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_