

IRREGULAR WORKER PAYROLL FORM

CAMPUS

Monthly personnel employed on an hourly basis: **Report actual hours worked with dates.**

	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL HOURS
TIME WORKED	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	
NUMBER OF HOURS WORKED	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	

	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
TIME WORKED	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	
NUMBER OF HOURS WORKED	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	

	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
TIME WORKED	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	
NUMBER OF HOURS WORKED	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	

	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
TIME WORKED	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	
NUMBER OF HOURS WORKED	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	

	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
TIME WORKED	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	
NUMBER OF HOURS WORKED	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	

EMPLOYEE ID# IN ORDER TO PROCESS	PRINT NAME	DATE	DUTIES PERFORMED
PLEASE ENTER ID# REV-03/22/24	SIGNATURE	FUND #	PRINCIPAL / SUPERVISOR
			DATE: _____