EXTRA	DH.	TY P	ΔΥ Ι	FORM
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Name:				Campus/Department:			
<u>Date</u>	Start Time	End Time	Total Hours	<u>Description</u>	Budget Code	Rate of Pay	
Er	nployee Signature	2		Date Employee Turned In			
Adm	ninistrator Signatu	ıre		Date Administrator Signed	RED OAK-IS	D .	

^{*}Completed forms are due to Payroll by the 10th of the month. Forms received by Payroll after the 10th of the month will not be processed until the following month.