PAYROLL PAYMENT REQUEST

Legal Name: _____ **Employee ID#:** _____

Campus/Dept: _____ **Position:** _____

Description: _____

TIME LOG

Week	Day	Date	Time Start	Lunch Start	Lunch End	Time End	Hours / Mins
Week 1	Mon						
	Tue						
	Wed						
	Thu						
	Fri						
	Sat						
	Sun						
						WK 1 Total Hours & Mins:	
Week 2	Mon						
	Tue						
	Wed						
	Thu						
	Fri						
	Sat						
	Sun						
						WK 2 Total Hours & Mins:	
						TOTAL HOURS & MINS WORKED:	

Pay Rate: $ _____ / hr **Total Amount:** $ _____

ACCOUNT CODE/ BUDGET CODE

Fund	Type	Function	Object	Sub Obj	ORG	Year	PIC	Local Option
	E							

SIGNATURES & APPROVALS

Employee Signature: _____ **Date:** _____

Approval Signature: _____ **Date:** _____

Chief, Deputy Chief, or

Executive Director Signature: _____ **Date:** _____