

HOURLY EMPLOYEE PAYROLL VOUCHER

Pay Period:			Includ	les All Stu	udent, Int	ermitten	t Staff, a	nd Hourly	Special Co	onsultants
EMPLOYEE INFORMATION	ON: All fields n	nust be comple	ted.						T	
Last Name:				First Name:					M.I.	
Employee ID: Record Num		Record Numbe	ber:		Job Code:		Payroll Unit Number:			
HR Department Name:			HR Department Number:							
Consultant Payroll Calbe recorded each day Use the chart to the rbe initialed by the surcompensation.	mployee, Intermittent/Hourly, & Special beginning and ending dates. Hours all e reported in whole hours and 10ths ours worked on a weekend or holiday munts are not eligible for overtime or holiday of hours without a break.			re to nly. ıst	Minutes = 1 - 6 7 - 12 13 - 18 19 - 24 25 - 30	CONVERSION Tenths 0.1 0.2 0.3 0.4 0.5	ON CHART Minutes = 31 - 36 37 - 42 43 - 48 49 - 54 55 - 60	Tenths 0.6 0.7 0.8 0.9 1.0		
NOTE: Employees must not work more than 6 hours without a break. DISTRIBUTION OF LABOR COST OVERRIDE										
	NOTE: To be used ONLY when funding source for the pay period is different than the department default.									
If employees want to have their pay warrant mailed, please contact Payroll and Benefits directly.			inance Dept. ID	Fund	Account	Program		ct/Grant	Class	Hours to be Applied
benefits directly.										
	Total must match hours worked in the pay period. Total:									
Date Hour In	Hour Out	Total Hrs	Date	Hour In	Hour Out	Total Hrs	Date	Hour In	Hour Out	Total Hrs
			11				22			
1			12				23			
2			13				24			
3			14				25			
4			15				26			
5			16				27			
6			17				28			
7			18				29			
8			19				30			
9			20				31			
10			21							
I certify that I worked the ho			I certify that the correct.		ed above are author	orized and Camp	Total Hours			
Employee Signature		n:	ate			Signature of Appr	opriate Administ	rator	Date	
pioyee oignature		Di				Prioraic oi Whhi	- priore mailinibl		Date	