HOURLY EMPLOYEE PAY RECORD

MONTH: _____

NAME: _____   EMPLOYEE ID #: _____

JOB TITLE: _____   FACILITY/OFFICE: _____

PAY PERIOD: FROM DATE: _____   THROUGH DATE: _____

PAY PERIODS CHECK THE ONE THAT APPLIES		DAY	TIME STARTED	TIME MEAL STARTED	TIME MEAL ENDED	TIME ENDED	TOTAL HOURS/ MINUTES WORKED
1	16						
2	17						
3	18						
4	19						
5	20						
6	21						
7	22						
8	23						
9	24						
10	25						
11	26						
12	27						
13	28						
14	29						
15	30						
	31						

I certify that this time sheet is accurate and correct.

Date: _____ Employee's Signature: _____

Total Hours/ Minutes Worked

I certify that the above accurately reflects actual hours and minutes worked.

Date: _____ Supervisor's Signature: _____

Date: _____ Appointing Authority's Signature: _____

Note: **This form must be submitted to CHRM by the established field cut-off date each pay period. Late time sheets may result in the paycheck being delayed a full pay period.**

Retention schedule: Upon completion, this form shall be retained for three (3) years in the local time keeping file.