

DO NOT ALTER THIS FORM IN ANY WAY

FWS

NORTHERN ARIZONA UNIVERSITY HOURLY TIME SLIP

Must be completed in ink and ALL changes initialed

PAY PERIOD END DATE: _____

NAME: _____
LAST FIRST MIDDLE

EMPLOYEE ID # _____

DEPARTMENT DEPARTMENT
NAME: _____ CODE: _____ POSITION #: _____

	M	T	W	Th	F	Sat	Sun	Weekly Total
Week 1								
Week 2								

Rate _____ x Reg Hours _____ = \$ _____

OT Rate _____ x OT Hours _____ = \$ _____

TOTAL _____

ALL OVERTIME HOURS TO BE PAID MUST BE SUBMITTED TO PAYROLL

BY OUR SIGNATURES WE ATTEST THAT THIS RECORD REPRESENTS ACTUAL HOURS WORKED FOR NAU AND/OR UNDER THE FEDERAL WORK STUDY PROGRAM FOR THE PERIOD REPORTED AND THAT ALL THE WORK HAS BEEN PERFORMED IN A SATISFACTORY MANNER.

APPROVED _____
IMMEDIATE SUPERVISOR

CORRECT _____
EMPLOYEE SIGNATURE

**PLEASE PRINT CONTACT
NAME
AND PHONE NUMBER _____

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