

Last Name	First Name	MI	Personal I.D. A#
		Month/Year	Department/Project Index #

**Utah State University
Payroll Time Card**

Week	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total
1								
2								
3								
4								
5								
6								

Employee Signature _____ Supervisor Signature _____

Total Hours _____
Rate _____
Amount _____

This Time Record to be maintained by the Employing Department for three (3) Years.