

Employee Name:

Position:

School:

Month/Year:

DATE	HOURS	DATE	HOURS
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			
		TOTAL HOURS:	

Employee Signature:

Date:

Supervisor Signature:

Date:

FOR OFFICE USE ONLY			
HOURS	DEDUCTION	RATE	
	FICA		
	MEDICARE		
	FEDERAL TAX		
	STATE TAX		
	RETIREMENT		
	INSURANCE		
	TSA		
	TOTAL DEDUCTIONS		
		NET PAY	