



HOURLY ATTENDANCE REPORT

Directions: Complete ALL sections, obtain necessary signatures and submit according to schedule.

Name:				Dept:				Pay Period From: To:							
ID#		Project:		Task:	Award:		Grant:		Title:						
Day of Week	Sat	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Mon	Tues	Weds	Thurs	Fri	
Date															
In															
Out															
In															
Out															
Daily Total:															
Weekly Total:							Weekly Total:								
CERTIFICATIONS:								Pay Period Summary							
Employee: I certify that the above time and attendance information is true and complete to the best of my knowledge. Employee: _____ Date: _____								Supervisor/Project Director: I confirm that the employee worked all of the above hours on the account noted. Supervisor or Project Director: _____ Date: _____				Regular Hours			
												Overtime Hours			
Do not write below this line, Payroll Office use only.															