HOURLY TIME REPORT

Dept _____

Week of: _____

Pers No _____

Name _____

Time Mgmt Status _____
Work Schedule _____
Core Hrs _____
Position # _____
Employment % _____
Schedule/Wk _____
Leave Plan _____

	Day	Date	Hours	Time From	Time To	Wage Type	Cost Center/WBS
1	Friday						
2	Saturday						
3	Sunday						
4	Monday						
5	Tuesday						
6	Wednesday						
7	Thursday						

Dept Use Only Summary By WT	
Wg Type	Hours
TOTAL	

Comments

I hereby certify that the time reported above represents a true statement.

EMPLOYEE SIGNATURE DATE

SUPERVISOR SIGNATURE DATE

Updated 07/06/2021