

Payroll Time and Authorization Record

EMPLOYEE NAME _____

DEPARTMENT _____

DATE	FIRST WEEK		HRS	DEPT
	IN	OUT		
☐				
SUN	A	P		
MON	A	P		
TUE	A	P		
WED	A	P		
THU	A	P		
FRI	A	P		
SAT	A	P		
TOTAL				

DATE	SECOND WEEK		HRS	DEPT
	IN	OUT		
☐				
SUN	A	P		
MON	A	P		
TUE	A	P		
WED	A	P		
THU	A	P		
FRI	A	P		
SAT	A	P		
TOTAL				

I HEREBY CERTIFY THE HOURS AND TIMES REPORTED ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.

EMPLOYEE SIGNATURE _____ DATE _____

I HEREBY AUTHORIZE PAYMENT FOR THE HOURS REPORTED.

SUPERVISOR SIGNATURE _____ DATE _____

- REGULAR _____
- OVERTIME _____
- SICK _____
- HOLIDAY _____
- VACATION _____
- OTHER _____
- TOTAL _____