

## Time Report Form

To Be Used by Temporary Hourly Employees

Payee's Name (Print) \_\_\_\_\_

Week Ending \_\_\_\_\_

Payee's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Job Title: \_\_\_\_\_

Is VPUL Equity and Access Programs or the Tutoring Center your only employment at the University?  
**YES** \_\_\_\_ **NO** \_\_\_\_  
 If no, please indicate total number of hours worked this pay period at other departments \_\_\_\_.

HOURLY RATE: \$ \_\_\_\_\_

**PLEASE INDICATE BY X**  
 Work Study \_\_\_\_\_  
 Full time Student \_\_\_\_\_  
 Non- student \_\_\_\_\_

							Hours by Project/Activity (*Duties)	
							For Grants: Fund Number/*Activity: Non grants:ORG,Fund,Prgm,CREF/*Activity:	For Grants: Fund Number/*Activity: Non grants:ORG,Fund,Prgm,CREF/*Activity:
	Date	Time In	Time Out	Time In	Time Out	Total Hours		
<b>Monday</b>								
<b>Tuesday</b>								
<b>Wednesday</b>								
<b>Thursday</b>								
<b>Friday</b>								
<b>Saturday</b>								
<b>Sunday</b>								
						<b>Weekly Total</b>		

SUPERVISOR's Name (Print) \_\_\_\_\_ Department (Print) \_\_\_\_\_

SUPERVISOR's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

SUPERVISOR: I certify that the above claimed hours reasonably reflect the activities of this employee whom I supervise and/or for whom I have a suitable means of verification that the work was performed on the projects listed.

\*SUPERVISOR: Please enter the Daily Total Hours for each of the projects worked on.

OTP premium rates apply to total hours worked over 40 in any given week. The Payroll system calculates the overtime rate based on the hours work across all positions held by the employee.

**Student Employees, during those weeks they are in class, should not work or be compensated for greater that 20 hours per week.**

**DIRECTOR'S SIGNATURE** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

