Jacksonville State University

Return NLT 12:00 Noon on Wednesday

Payroll ID: BW     Payroll No: _____

Pay Period: _______________ TO _______________

Organization #: ________     Dept: ________________

Payroll ID:     Payroll No: _____

Pay Period: _______________ TO _______________

Organization #: ________     Dept: ________________

ID#: _______________     NAME: ________________________________

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**Total Hours Worked**
- Overtime Hours
- Annual Leave
- Sick Leave
- Comp Time
- Holiday/Other

Employee Signature: ________________________________

ID#: _______________     NAME: ________________________________

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Employee Signature: ________________________________

Approved by: ________________________________     Date: ________________

Budget Manager