

Jacksonville State University  
Payroll ID: BW Payroll No: \_\_\_\_\_  
Pay Period: \_\_\_\_\_ TO \_\_\_\_\_

Return NLT 12:00 Noon on Wednesday

Organization #: \_\_\_\_\_ Dept: \_\_\_\_\_

ID#: \_\_\_\_\_ NAME: \_\_\_\_\_

	W	TH	F	S	S	M	T	TOT	W	TH	F	S	S	M	T	TOT
Hours Worked																
Leave Taken																

<b>Total Hours Worked</b>	
Overtime Hours	
Annual Leave	
Sick Leave	
Comp Time	
Holiday/Other	
<b>Total Hours</b>	

Employee Signature: \_\_\_\_\_

ID#: \_\_\_\_\_ NAME: \_\_\_\_\_

	W	TH	F	S	S	M	T	TOT	W	TH	F	S	S	M	T	TOT
Hours Worked																
Leave Taken																

<b>Total Hours Worked</b>	
Overtime Hours	
Annual Leave	
Sick Leave	
Comp Time	
Holiday/Other	
<b>Total Hours</b>	

Employee Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

Budget Manager

Date: \_\_\_\_\_