

Last Name	First Name	MI

Banner A Number

Month/Year

Department/Project

**Utah State
University
Payroll Time
Card**

Week	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Week Total
1								
2								
3								
4								

Employee Signature _____ Supervisor Signature _____

This Time Record to be maintained by the Employing Department for three (3) years.

TOTAL

RATE

AMOUNT

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