

PLEASE COMPLETE ALL INFORMATION REQUESTED

Official Time Slip subject to Audit.

Employee (print): _____ ID#: _____

Period: _____ through _____ (1 - 15 of mo or 16 – end of mo)

Days of the Month	Duties Performed	Hours Worked
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
Total Hours:		

NOTE: Due 1 day after the 15th of each month and 1 day after last day of the month

I certify that the above is a true statement of time worked, that the work was performed satisfactorily, and request that payment be made in the amount stated.

Employee _____ Date: _____

Supervisor _____ Fund: _____ Date: _____