

TEMPORARY/EXTRA COMPENSATION TIME SHEET

All of the following blanks must be filled in by the supervisor before sending to Human Resources for processing:

Pay Period I.D: _____

Beginning: _____ Ending: _____

Employee Name: _____ Banner ID#: _____

Position Number: _____ MONTH: _____

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 X RATE = TOTAL PAY			
																																		x \$
																																		=

Department: _____ FOAP: _____

Employee Signature: _____

Supervisor Signature: _____

Approved for payment:

Please print on pink paper.
 APSU/FA/BR/304