

SOUTHERN UTAH UNIVERSITY
HOURLY LATE TIME FORM

Employee Name (please print): _____

Employee T Number: _____

Job Number _____
(located by your job title. Example: HS9999-01, WS0708-00, etc.)

WEEK 1	
Date	Hours
Saturday	
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Total	<input style="width: 100%;" type="text"/>

WEEK 2	
Date	Hours
Saturday	
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Total	<input style="width: 100%;" type="text"/>

WEEK 3	
Date	Hours
Saturday	
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Total	<input style="width: 100%;" type="text"/>

Pay Period Total

Employee Signature: _____

Supervisor Signature: _____

Payroll Office Only	
Entered by	
Verified by	
Payroll No	

Please submit this form to the payroll office (ADMIN 203). The time will be processed on the **following** hourly payroll.