

NORTH CAROLINA STATE UNIVERSITY
TEMPORARY EMPLOYEE TIME RECORD

Work Period Beginning ____/____/____	Work Period Ending ____/____/____	ADJ <input type="checkbox"/>	PRID 2R____	Dept/TKL _____
Name _____		SSN _____		

HOURS WORKED

Saturday		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT

Daily Hrs _____

Total Week Hours _____

Saturday		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT

Daily Hrs _____

Total Week Hours _____

Flat Rate Amount	Hourly Rate Amount	Hours Worked	Earnings Code	Fas Account	Labor Object	Project	Work Against Position #

Signatures	
Have you worked for any other University department or State government agency during this pay period? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, which department/agency? _____	
I certify that all hours/flat rates have been recorded accurately.	
_____ Employee's Signature	Date _____
_____ Supervisor's Signature	Date _____

Time Records must be maintained in the department for four years. Do not forward to Payroll. Reproduce as needed.