

Washington and Lee University

MONTHLY TIME REPORT

PAY PERIOD _____

ID OR SS NUMBER _____

NAME _____
Last First (no nicknames) Middle Initial

Department _____ Account Number _____

PLEASE SHOW THE NUMBER OF HOURS WORKED EACH DAY

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
					TOTAL HOURS	

PAY RATE \$ _____

Breakdown of hours worked:

WR-Regular _____

OV-Overtime _____

AV-Vacation _____

IL-Illness _____

MI-Misc. _____

Employee's Signature

Supervisor's Signature

EMPLOYEE MUST SEE PERSONNEL TO FILL OUT A W-4 BEFORE PAY SHEET WILL BE PROCESSED