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:

Print Form

Clear Form

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