

**SAM HOUSTON STATE UNIVERSITY
FACULTY AND EXEMPT**

ESSENTIAL PERSONNEL HOURS REPORT

PAY PERIOD:

EMPLOYEE NAME	SAM ID	POSITION NUMBER - SUFFIX
EMPLOYEE POSITION TITLE	DEPARTMENT NAME	DEPARTMENT ORG. NUMBER

DATE	HOURS WORKED		COMMENTS
TOTAL			

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

EMPLOYEE SIGNATURE

DATE

DEPARTMENT HEAD

DATE

Email: payroll_office@shsu.edu
Fax: 936-294-1099
Phone: 936-294-1273