

PAY PERIOD:

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

PP DATE	REGULAR HOURS WORKED		OVERTIME HOURS WORKED*		WEEKLY SUBTOTALS** SUN-SAT HRS WORKED		COMMENTS
<b>TOTAL</b>							<b>**Total the hours worked each week (Sunday-Saturday) and place the totals in the Weekly Subtotals column.</b>

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. \*Enter any hours worked over forty per week.

\_\_\_\_\_  
EMPLOYEE SIGNATURE DATE

\_\_\_\_\_  
DEPARTMENT HEAD DATE

<b>PAYROLL OFFICE USE ONLY</b>	
Hours _____	X Rate \$ _____
Gross \$ _____	

**RETURN THIS FORM TO THE PAYROLL OFFICE EACH PAYROLL PERIOD**

\*Hand or USPS mail delivery to our office is recommended as that we cannot guarantee the security of the information if emailed or faxed.\*

Email: payroll\_office@shsu.edu  
Fax: 936-294-1099  
Phone: 936-294-3248