

**SAM HOUSTON STATE UNIVERSITY
STUDENTS AND OTHER**

PERSONNEL TIME REPORT

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
TOTAL						**Total the hours worked each week (Saturday - Friday) and place the totals in the Weekly Subtotals column.

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

*Enter any hours worked over forty per week.

EMPLOYEE SIGNATURE _____ DATE _____

PAYROLL OFFICE USE ONLY	
Hours _____	X Rate \$ _____
Gross \$ _____	

DEPARTMENT HEAD _____ DATE _____

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: 936-294-3611

Phone: 936-294-1273