TENNESSEE TECHNOLOGICAL UNIVERSITY
UNIVERSITY WORK PROGRAM
STUDENT PAYROLL REPORT

	COAS	Index	Fund	Organization	Account	Program	Activity
ACCOUNT NUMBER:							

Position Number: _____

PLEASE FOLLOW THESE INSTRUCTIONS:

1. Prepare in duplicate: original to be sent to Payroll by 1:30 p.m. on the first working day of each month, retain second copy for departmental record. LIST EMPLOYEE NAME(S) IN ALPHABETICAL ORDER.
2. Round and type hours to the nearest tenth, i.e. 62.3 hours. Use separate line for each time sheet AND a separate line for overtime pay.

BANNER ID	FULL NAME	RATE	HOURS	TOTAL
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00

GRAND TOTAL: $0.00

DEPARTMENT: _____ PAY PERIOD:

COLLEGE OR SCHOOL: _____ Contact Phone: _____

APPROVAL: _____ Date: _____
Supervisor

TIME APPROVER: _____
Name T#