FOAPAL Information	
COAS Code:	
Index Code:	
Fund Code:	
Organ Code:	
Account Code:	
Program Code:	
Activity Code:	
Location Code:	
Position Number:	

Tennessee Technological University
Temporary Hourly Time Report

Date: _____

Pay Period: _____

Banner ID	Employee Name	Title	Regular Pay			Overtime Pay			Total Pay
			Rate	Hours	Sub-total	Rate	Hours	Sub-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			$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	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00

Original to be sent to the Payroll Department by 1:30 PM on the first working day of each month.

Type hours to the nearest tenth: i.e. 82.5.

Attach original employee time report to this summary.

TOTAL: $0.00

_____
Approved - Administrative Officer/Chairperson

_____
Approved - Dean

_____
Time Approver - NAME & T#