

Last Name	First Name	MI

Banner A Number

Month/Year

Department/Project

**Utah State University  
Payroll Time Card**

Week	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Week Total
1								
2								
3								
4								
5								

Employee \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Signature \_\_\_\_\_ Signature \_\_\_\_\_

Total \_\_\_\_\_  
 Rate \_\_\_\_\_  
 Amount \_\_\_\_\_

**This Time Record to be maintained by the Employing Department for three (3) years.**