



## Payment Request for Hourly Employees

Department Name \_\_\_\_\_

Time Sheets Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Employee ID Number	Name	Department Number	ST HRS	O/T HRS	Hourly Rate	Gross
Page Total						

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date