



Wage Time - Data Entry Form

Name: _____

PSU ID#: _____

Pay Period End Date: _____ Work Study: Y/N _____

Pay Budget	Fund	Proj Assignment Number	County/Project	Hours
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****Total hours must match hours reported on 2-week period below****

TOTAL HOURS _____

Hours Worked	1 st Week	2 nd Week
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total		

Rate: _____ Total Hours Worked: _____

I affirm that I worked the hours indicated above.

Employee's Signature

Date

I confirm that the hours listed are accurate.

Supervisor's Signature

Date