## STUDENT TEMPORARY WAGE EMPLOYEE MONTHLY TIME CARD

NAME	NAME											START DATE								END DATE				
UNC CHARLOTTE ID NUMBER 8 0  FUND & ACCOUNT NUMBER											DEPARTMENT													
											9 1 5 0 20/40			TOTAL HRS CHARGED										
FUND & ACCOUNT NUMBER										9 1 5 0 20/40			TOTAL HRS CHARGED											
FUND & ACCOUNT NUMBER											- 9 1 5 0 20/40			TOTAL HRS CHARGED					TOTA	100%				
WEEK ENDING	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY			TOTAL HOURS ROUNDED TO NEAREST		
	FROM	:_10_	TOTAL	FROM	: 10	TOTAL	FROM	то	TOTAL	FROM	: 10	TOTAL	FROM	10	TOTAL	FROM	TO	TOTAL	FROM	TO_	TOTAL	1/4 HOUR		
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	TOTAL HOURS WORKED FOR MONTH																							
	Student's Signature Date																				ST			
	Student's Signature Dat									<del>)</del>	Supervisor's Signature Da							Date						
* An au	* An authoization memo is required for overtime hours reported.											Printed Supervisor's Name								_				
TIME SHE IN PAYRO Payroll Fo	OLL BY	THE 2ND	WORKI	NG DAY				LL, IF NO	OT REC	EIVED	empl	oyee	t this t and I h at UN	ave a	suitab	le mea	ns of v	erifyin	g that	their w				