

# MONTHLY TIME REPORT

## Hourly Employees - Non-Student

Page \_\_\_\_\_

Unit 092

NAME: \_\_\_\_\_  
(first) (middle) (last)

RATE OF PAY

SOCIAL SECURITY: \_\_\_\_\_

\$ \_\_\_\_\_

**APPROVED FOR PAYMENT**

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Department)

\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Budget Code)

PREVIOUS MONTH: Last Work Week (brought forward)							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL

PAY PERIOD _____ 24, 20 _____ thru: _____ 23, 20 _____														
Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		TOTAL HOURS WORKED PER WEEK
Day	Hrs Worked	Day	Hrs Worked	Day	Hrs Worked	Day	Hrs Worked	Day	Hrs Worked	Day	Hrs Worked	Day	Hrs Worked	
<b>TOTAL HOURS WORKED PER MONTH</b>														
<b>NATURE OF OVERTIME WORK:</b>								<b>CODE (if different from regular):</b>						

**OFFICIAL USE ONLY**

REGULAR: \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
(hours) (rate of pay)

OVERTIME: \_\_\_\_\_ X 1.50% X \_\_\_\_\_ = \$ \_\_\_\_\_  
(hours) (rate of pay)

White Copy: Payroll  
 Canary: Payroll  
 Pink: Sender

I understand that I am required to provide on this form my social security number so that this institution as my employer can satisfy its income-reporting and withholding obligations under North Carolina and federal laws. Unless I have stricken through this sentence and put my initials beside this sentence, I voluntarily permit this institution also to use my social security number as a personal identifier for the other internal record-keeping and data processing operations of this institution. As a part of my personnel file, the number will also be used or released as provided under Article 7, Chapter 126 of the North Carolina General Statutes, entitled "The Privacy of State Employee Personnel Records."