MONTHLY TIME REPORT
Hourly Employees - Non-Student

Page _____
Unit 092
RATE OF PAY

NAME: _____
(first) (middle) (last)

Social Security Number: _____

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
Day Hrs Worked	Day Hrs Worked	Day Hrs Worked	Day Hrs Worked	Day Hrs Worked	Day Hrs Worked	Day Hrs Worked	
TOTAL HOURS WORKED PER MONTH							

NATURE OF OVERTIME WORK:	CODE (If different from regular):

OFFICIAL USE ONLY

REGULAR: _____ (hours) X _____ (rate of pay) = $ _____

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

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."