

Shared Services Center Payroll Forms



Time Entry Form

Employee First Name:	
Employee Last Name:	
Employee ID:	
Department:	
Record #:	

Hours Worked (Format Example: 9/25/2023 – 10:00am – 12:00pm = 2 hours)

Date	Clock-In	Clock-Out	Total Hours	Combo Code

Employee Signature:	
Supervisor Signature:	
Date:	