PAYROLL REPORTING FORM FOR TEMPORARY EMPLOYEES

Reporting Month/Year: _____

Facility/Unit: _____

	Employee Name	SS # (Last 4)	Empl ID #	Total Hours Worked for the Month	Total Cumulative Hours Worked To Date in Temporary Status (Max. 999 Hours)	Original EOD Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

This reporting form and the time/leave sheets for the above listed employees must be received in the Central Human Resources unit no later than the fifth working day of the month following the monthly pay period.

(R 08/21)