



College of Agriculture and Technology  
 PAYROLL OFFICE - Knapp Hall 208  
**University Police Department**  
 PAYROLL VOUCHER

Employee Name: \_\_\_\_\_

Department Account Number: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Pay Period Beginning: \_\_\_\_\_

Ending: \_\_\_\_\_

U  
P  
D

Day	Dates	Record Hours 'In' and 'Out' Daily (Format: In: 9:15 A Out: 12:30 P)						Hours Worked (Exclude Lunch)
		In	Out	In	Out	In	Out	
Thu.								
Fri.								
Sat.								
Sun.								
Mon.								
Tue.								
Wed.								
<b>Weekly Total</b>								
Thu.								
Fri.								
Sat.								
Sun.								
Mon.								
Tue.								
Wed.								
<b>Total Amount \$</b>				<b>Weekly Total</b>				

ACCRUAL LEAVE	ANNUAL LEAVE (A.L.)	SICK LEAVE (S.L.)	PERSONAL LEAVE (P.L.)	HOLIDAY LEAVE (H.L.)
Previous Balance	0			
Time Used	0			
Sub-Total	0	0	0	0
Time Earned				
Ending Balance	0	0	0	0

I certify that the days and hours worked as recorded above are correct.

I certify that the days and hours indicated above represent time worked by the employee including any holiday hours noted and initialed by me, and that the employee is entitled to payment thereof.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date