STEPHEN F. AUSTIN STATE UNIVERSITY Time Record

Pay po	eric	od:		(N	 Mon	 th)			20_	Yea	 r)																						
												Mont	hly		Sem	ni-Mo	onthl	ly 1 st	-15 th		Sei	mi-N	Iontl	nly 1	6 th -e	nd of	f mo	nth					
Emplo	Employee ID# Employee Name																																
Positi	on :	#											Su	ffix	#																		
Department Name Enter hours worked or leave time taken (by type):																																	
Date	1	2	3	4	5	6	7	0	9	10	11	12	12	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hrs	
Worked*	1		3	4	3	0	/	0	9	10	11	12	13	14	13	10	1/	18	19	20	21	22	23	24	23	20	21	28	29	30	31	піѕ	Worked
Sick																																	Sick
Vacation																																	Vacation
Holiday																																	Holiday
Comp**																																	Comp
Jury Duty																																	Jury Duty
Emergency																																	Emergenc
Admin																																	Admin
Other (specify)																																	Other (specify)
																																	TOTAL
*Ente **Con	np 1	time	e tal	ken	•		-	-					-						-					rate:									
Employee's Signature										Date Supe							iperv	visor's Signature										Date					

Questions: Email the SFA Payroll Office at payroll@sfasu.edu