



PAYROLL WORK SHEET FORM

EMPLOYEE INFORMATION

First Name	Last Name	Department	Start Date
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WORK INFORMATION

Event Date	Event Name		
Start Time	End Time	Division	<input type="checkbox"/> EO <input type="checkbox"/> NES <input type="checkbox"/> EP <input type="checkbox"/> M8 <input type="checkbox"/> AA <input type="checkbox"/> MET
Notes			

Event Date	Event Name		
Start Time	End Time	Division	<input type="checkbox"/> EO <input type="checkbox"/> NES <input type="checkbox"/> EP <input type="checkbox"/> M8 <input type="checkbox"/> AA <input type="checkbox"/> MET
Notes			

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Notes			

DO NOT Write your pay amount on this form
 Fill out form and return by **4:00pm on Monday**
 Checks available every **Friday after 3:00**

**OFFICE
 USE
 ONLY**

Total Events #	_____
Total Regular Hours	_____
Total Overtime Hours at Event	_____
Net Pay \$	_____