

HONORARIUM Food Services

School/Dept _____ Employee No. _____

Pay Period _____
Ending Date: _____ Name: _____

Position: _____

DATE	HOURS WORKED			DESCRIPTION OF WORK
	IN	OUT	TOTAL	
S				
M				
T				
W				
T				
F				
S				
S				
M				
T				
W				
T				
F				
S				
TOTAL				

This Section for Payroll use Only			
G.L. Codes	Pay type	Hours	Rate

Supervisor's approval

Employee's signature