MONTCLAIR STATE UNIVERSITY

BI-WEEKLY REPORT OF HOURS WORKED

Employee Name _____

Employee CWID# _____

Employee Job#: _____

Account Number (if applicable)_____

Pay Period Covered From _____ **To** _____

	Date	Hours		Date	Hours
Saturday			Saturday		
Sunday			Sunday		
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
				TOTAL HRS	

I hereby certify that any data submitted or approved by me is true and accurate to the best of my knowledge, information and belief. I understand that I may be subject to administrative and/or criminal charges for submitting or approving any false information. Any data entered or approved by me is an official University record.

Employee Signature _____Date _____

Supervisor Signature _____Date _____