



Southern Utah University

Payroll Department

Hourly Late Time Form

*Employee Name: _____
Please print

*Employee T Number: _____

*Job Number: _____
(Example: HS9999-01, WS1213-00, etc.)

	WEEK 1	
	Date	Hours
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
*Week Total	<input style="width: 100%; height: 20px;" type="text"/>	

	WEEK 2	
	Date	Hours
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
*Week Total	<input style="width: 100%; height: 20px;" type="text"/>	

	WEEK 3	
	Date	Hours
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
*Week Total	<input style="width: 100%; height: 20px;" type="text"/>	

*Employee Signature: _____

*Pay Period Total

*Supervisor Signature: _____

*Supervisor Name: _____
Please print

** Indicates a required field.*

Note: For this form to be valid, all required fields must be complete, the date(s) worked must be entered and must have the employee's signature, supervisors signature and supervisors name printed. Please submit this form to the Payroll Office (ADMIN 203). Late time forms will be delayed at least 1 (one) pay period before being entered. Late time forms are subject to the discretion of the Payroll Office.