



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

WEEK 2

| | Date | Hours |
|-----------|------|-------|
| Saturday | | |
| Sunday | | |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

*Week Total

WEEK 3

| | Date | Hours |
|-----------|------|-------|
| Saturday | | |
| Sunday | | |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

*Week Total

*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 (BB 206). 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.