Edward Via College of Osteopathic Medicine

Employee Wage Timesheet

*Human Resources Directors*

*Virginia Campus: Robby Hudson – rhudson@vt.vcom.edu*

*Carolinas Campus: Jean Harris – jvharris@carolinas.vcom.edu*

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|  |  |
| --- | --- |
| Employee Name: (PLEASE PRINT) | Grant Name & Fund Number (if applicable): |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Period | | | |
| Month: | Dates: 1st-15th | Dates: 16th-end | Year: |

*Payrolls are biweekly periods of 1-15 and 16-end of month. Submit at the end of each work period.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Work Week | | Hours Worked | | | | | | | |
| Begin Date | End Date | SUN | MON | TUE | WED | THURS | FRI | SAT | Total Hours |
|  |  |  |  |  |  |  |  |  |  |
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Employee Signature Date Supervisor Signature Date

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| --- |
| ***TO BE COMPLETED BY HUMAN RESOURCES*** |
| Date Recorded in Paychex Payroll Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee’s Hourly Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_  Total Paycheck: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |