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*

*Auburn Campus: Karla Meadows –* *kmeadows@auburn.vcom.edu*

*Louisiana Campus: Christie Ellis – cellis01@ulm.vcom.edu*

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

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| --- |
| 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.*

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| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |