Late Pay Forms Biweekly

One Employee Per Page

Time Sheet Organization HR_____

Employee Name		Banner ID	Period Covered	Employee Class	Position Number	No. of Hours	Dollar Amount	
FOAP				l	I	L	L	
% (Lines must equal 100%) Fund			Org	Account	Account		Program	
Prepared by		Phone		Date				
(Print Nam					_			
Authorized by:								