CLEAR FORM PRINT

Sample Information Here and Below

Remove and add your information

Alternate Funding/Days/Hours are not fields set up to type in--need to write in

I certify under penalty of perjury that I am duly authorized by the herein named state agency to make this report and certification; that this report correctly reflects the attendance of all employees of this reporting unit for the pay period indicated and that all employees listed herein are entitled to payment for the time reported herein. All persons listed herein have taken and filed the oaths required by law.

BATCH ID
PAGE

AUTHORIZED SIGNATURE

DATE KEYED

PAY PERIOD TYPE MO YR ROLL

☐ (A) No Exceptions ☐ Exceptions (B) No Warrants For Redeposit ☐ Exceptions (C) With Warrants For Redeposit (Do Not Update MPC)

EMPLOYEE DATA	STD	TIME-WORKED NON-STD TIME DAYS	HOURS	ERN ID	DYS	HOURS	RATE	AF	ERN ID	DYS	HOURS	RATE	AF	ERN ID	DYS	HOURS	RATE	AF
☐ OK SSN **000-00-0000** NAME **Jane M. Doe** CLASS-SERIAL 5393 T/E FRAC CBID R01				**0**		164.00			**OT6**		10.00			**SRE**				
				SRN														
☐ OK SSN NAME CLASS-SERIAL T/E FRAC CBID				**0**					**OT6**					**SRE**				
				SRN														
☐ OK SSN NAME CLASS-SERIAL T/E FRAC CBID				**0**					**OT6**					**SRE**				
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				SRN														

AGY	RU	NO. OF EMPLOYEES

TIME WORKED STD	DAYS	HOURS

ATTENDANCE TOTALS THIS PAGE ONLY

TIME WORKED STD	DAYS	HOURS

ATTENDANCE TOTALS FOR THIS UNIT

DAYS	HOURS	RATE

BATCH TOTALS - THIS PAGE ONLY

DAYS	HOURS	RATE

BATCH TOTALS - FOR THIS BATCH