



Temporary Employee Bi-Weekly Payroll Form

PAYROLL PERIOD:
FROM: _____ TO: _____

REGULAR HOURS				
Organization	Program	Campus Code	Fund	Account

Employee Banner ID	Hours Worked	Pay Rate	Gross Pay	Name of Employee and Position #
TOTAL				

OVERTIME				
Organization	Program	Campus Code	Fund	Account

	OT Hours Worked	Pay Rate	Gross Pay	Name of Employee
TOTAL				

TOTAL DUE TO EMPLOYEE: _____

DATE RECEIVED: _____

Supervisor's Signature: _____

Contact Person Name/Printed: _____

Contact Number: _____

Please forward to the Division of Human Resources, 1020 Wendover Avenue, Attention: Temporary Employment Specialist or Temporary Employment Manager, (336) 334-7862. Please review temporary payroll schedule for important payroll due dates.