

NAME:

*For the "Differential" column, please list only the hours you were required to be on campus. These are the only hours that will receive the additional 15% differential rate.

(The differential rate is calculated on the base hourly salary.)

PAY PERIOD: 11B

4/18/20 - 5/17/20

GALAXY ID #:				SUPERVISOR:									
	TIME WORKED			Hours Worked On Campus	TIME OFF]			
DATE	REG	ОТ	н	Eligible Differential *	V	S	PN	FC	В		REMARKS		
04/18/20 Sat				Differential									
04/19/20 Sun				_									
04/20/20 Mon													
04/21/20 Tue				1									
04/22/20 Wed				1									
04/23/20 Thu	l			1		 			1				
04/24/20 Fri	l			1		 			1				
04/25/20 Sat													
04/26/20 Sun				-									
04/27/20 Mon													
04/28/20 Tue				1									
04/29/20 Wed				1									
04/30/20 Wed 04/30/20 Thu				-									
05/01/20 Fri				-						1			
05/01/20 F11 05/02/20 Sat													
05/02/20 Sac 05/03/20 Sun				-									
05/03/20 Sun 05/04/20 Mon													
05/05/20 Tue				-					1	1			
05/05/20 Tue 05/06/20 Wed				-					1	1			
05/06/20 Wed 05/07/20 Thu				-									
05/07/20 IIIu 05/08/20 Fri													
05/08/20 FII 05/09/20 Sat													
05/10/20 Sun													
05/11/20 Mon													
05/12/20 Tue													
05/13/20 Wed													
05/14/20 Thu													
05/15/20 Fri													
05/16/20 Sat													
05/17/20 Sun													
TOTAL **Timesheets must be	e received in	the Payroll		ent <u>no later</u> than after that are no						adlines and rest	rictions, any timeshe	eets	
For Holidays – please i	notate the ho	urs you wo			in the "H"		lditionally, i			on the holiday,	please notate those l	hours	
I hereby certify that the above is a true and accurate report of my service for the period									FOR PAYROLL USE ONLY				
indicated.									FL Rate \$				
									I CODE	-		4	
								AD	J. CODE	HRS	AMOUNT	1	
Employee Signature					n	ate	-	<u> </u>				-	
projec organiture					D								
<u> </u>					_		-					1	
Supervisor Signature					D	ate				1	1		