FAIRLEIGH DICKINSON UNIVERSITY			SEMI-MONTHLY PAYMENT VOUC			HER Social Security Number				
CAMPUS: Check one: 1.  Teaneck 2.  Madison Period Ending					Group  Staff Student  Departme	ent	remember Signature and the second sec			
Date	Time Began	Time End	Less Lunch Dinner Etc.	Hours Worked	Date	Time Began	Time End	Less Lunch Dinner Etc.	Hours Worked	
					19 19 19			4-		
CONTRACTOR		autorian in the second						MANAGEMENT OF THE		
TOTAL HOURS:					TOTAL HOURS:					
LIMAN RESOURCES USE ONLY					EMPLOYEE Signature and Date		SUPERVISOR Signature and Date			
TO A COMPANY DESCRIPTION	guezanezen erroren erro	NAMES AND POST OF		NEWSCHART THE STREET	TO SECURE HAS SECURED TO SECURE		SUPERVIS	OR'S CODE	570±200583.5000#	
SUBMIT WHI	ITE (TOP) COPY		(FOLLO	W INSTRUCTION	ion and/or non-compl ONS ON REVERSE ELLOW COPY	SIDE)	dismissal. EE RETAIN F	PINK COPY	(2-200	