



SEMI-MONTHLY PAYMENT VOUCHER

Last Name _____

First Name _____

Social Security Number _____

CAMPUS: Check one: 1. Teaneck
2. Madison

Group
 Staff
 Student

Period Ending _____

Department _____

Date	Time Began	Time End	Less Lunch Dinner Etc.	Hours Worked
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date	Time Began	Time End	Less Lunch Dinner Etc.	Hours Worked
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL HOURS: _____

TOTAL HOURS: _____

HUMAN RESOURCES USE ONLY

EMPLOYEE
Signature and Date

SUPERVISOR
Signature and Date

SUPERVISOR'S CODE

This report is required by law. Misrepresentation and/or non-compliance is cause for dismissal.
(FOLLOW INSTRUCTIONS ON REVERSE SIDE)

SUBMIT WHITE (TOP) COPY TO H.R.

SUPERVISOR RETAIN YELLOW COPY

EMPLOYEE RETAIN PINK COPY

(2-2000)