EPIC use only:	
Hours	Add'l sheets

				Hours	Add'l sheets _
EPIC			Rate	Total hrs	
TIME REPORT FOR HOURLY SERVICES			Total all		
(Please use blue ink. Do not use correction fluid.)			Verified	-	
NAME:					
HOME ADDRES	_				<u> </u>
EMPLOYEE ID:					
JOB LOCATION		Inatruotar			
JOB TITLE:	WVPSI	Instructor			
DATE	HOURS WORKED	RATE PER HOUR	TYPE OF W	VORK PERFORMED	TOTAL EARNED
TOTAL					
	•		_	the last form used.)	
	(Initial her	e if more than 1 page	e is being used.)	
I, the undersign	ned, do soler	nnly swear tl	hat the above tim	ne report is just, acc	urate and true.
SIGNATURE			APF	PROVED BY EPIC SUP	ERVISOR
		(This se	ction for EPIC use	only)	
ACCOUNT(S) TO BE CHA	ARGED TO:			
•		-			
		_			

Pay through: _____ ACCOUNTS PAYABLE __X_ PAYROLL VENDOR#: _____