

## SPECIAL CONSULTANT TIMESHEET

First Name	Middle Initial	Last Name
(Type or print name as it appears on Social Security Card)		

Social Security Number

Department

Pay Period (MO/YR)

DATES OF WORK				
Place an X to the right of the appropriate dates of work				
30	6	13	20	27
31	7	14	21	28
1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	25	1
5	12	19	26	

I certify that I have performed the duties as outlined in the Special Consultant Agreement Form and have completed all necessary employment forms.

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Employee's Signature Date

I certify that the above individual has completed the assignment as outlined in the Special Consultant Agreement Form in a satisfactory manner.

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Supervisor's Signature Date

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**DEPARTMENT USE ONLY:**

Daily Rate:		Number of Days Paid:		=	Total Pay Due:
\$	X				

Pay from position # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Completed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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PAYROLL OFFICE USE:      Date Keyed: \_\_\_\_\_      Issue Date: \_\_\_\_\_