Western Iowa Tech Community College

4647 Stone Avenue Post Office Box 5199
Sioux City, IA 51102-5199

TIME VOUCHER

LEGAL NAME, SOCIAL SECURITY NUMBER, ADDRESS, PHONE. Enter as they are to appear on check. Please print legibly.

☐ Regular Time
☐ Overtime
☐ Adjunct
☐ Credit/Non Credit/Comm Ed/LLL
☐ Temporary
☐ Work Study

BUDGET CODE must be completed by employee or supervisor.

TIME PERIOD

From: _____

To: _____

DATE AND HOURS.
List each date, start time, end time, and number of hours you worked during the current payroll period (16th through the 15th of following month). Compute total hours.

PAYROLL PROCEDURES.
The pay period ends on the 15th day of the month and your Time Voucher form must be at Western Iowa Tech Community College's Human Resources Office no later than the 18th of the month in order that it may be processed in time to write a check on the last working day of the month.

SIGNED AND DATED.
IMPORTANT– Sign and date this Voucher to make it valid.

APPROVED.
Your Supervisor should verify this Voucher and add Budget Code if necessary.

Instructions: **PLEASE PRINT INFORMATION**

NAME _____
First Initial Last

COLLEAGUE / DATATEL ID NUMBER

_____

☐ CHANGE OF ADDRESS (Please check if applicable)

ADDRESS _____ CITY _____ STATE ____ ZIP _____

TELEPHONE (_____) _____

BUDGET CODE
NUMBER ☐ ☐-☐-☐ ☐ ☐ ☐ ☐-☐ ☐-☐ ☐ ☐ ☐

POSITION/COURSE _____

DEPARTMENT _____

Date	Start Time	Lunch Out	Lunch In	End Time	Hours	Rate	Amount	
TOTALS								

I hereby certify that I have worked the above hours and that I have not been previously reimbursed for this work.

SIGNED _____ APPROVED _____
Employee Supervisor

DATE _____ DATE _____

For Payroll Purposes: Eligible for Retirement _____

Rev. 12/19/HR