

Employee Name \_\_\_\_\_ Employee Number

Pay Period Ending (Friday) \_\_\_\_\_ Position Number  P

	SAT	SUN	MON	TUE	WED	THU	FRI	
WEEK 1								Total Hours _____
WEEK 2								

Justification for late submission:

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Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Manager approval \_\_\_\_\_ Date \_\_\_\_\_

VP approval \_\_\_\_\_ Date \_\_\_\_\_

**Instructions**

1. Time submission adjustments more than three pay periods past must be entered by payroll.
2. This completed form must be approved by the employee's Manager and area Vice President
3. Email completed form to payroll@algonquincollege.com for entry