The state of the s										
			RE	SPONS	IBILITY	CENTER	RHOUR	LY Payre	oll Repor	t PP 10
Department Name:						Two week period ended:		11/10/201	18	
Period Begins: 10/28	APPROVED BY:							SUPERVISOR:		
Period Ends: 11/10	Week 1 Week 2	10/28 11/4 Sun	10/29 11/5 Mon	10/30 11/6 Tues	10/31 11/7 Wed	11/1 11/8 Thurs	11/2 11/9 Fri	11/3 11/10 Sat	Hourly employees # hours worked	
Employee Name:	w k 1									
Initals	w k 2									
Employee Name:	w k 1									
Initals	w k 2									
Employee Name:	w k 1									
Initals	w   k   2									
Employee Name:	w k 1									
Initals	w k 2									
Employee Name:	w k 1									
Initals	w k 2									