The second of th										
			RE	SPONS	IBILITY	CENTER	R HOUR	LY Payre	oll Repo	rt PP 10
Department Name:	APPROVED BY:					Two week period ended:			11/9/2019	
Period Begins: 10/27								SUPERVISOR:		
Period Ends: 11/9	Week 1 Week 2	10/27 11/3 Sun	10/28 11/4 Mon	10/29 11/5 Tues	10/30 11/6 Wed	10/31 11/7 Thurs	11/1 11/8 Fri	11/2 11/9 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									