

UUCSEA Timecard

Date Submitted: _____

Name: _____

Work Performed: _____

Work Hours:

Date	Hours Worked
_____	_____
_____	_____
_____	_____
_____	_____

Employee Signature: _____

-----**TO BE FILLED OUT BY TREASURER OR BOARD MEMBER**-----

Salary: _____

Charge to budget line: _____

Board Member Signature: _____