

Group Time Report for Week Ending: _____
Location: CID, CHMC – Payrolled

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Client Name: CHMC-PAYROLLED

Dept Name: _____

Dept Code: _____

Requestor: Wanda Downton

P.O.# (none)

W.O.#	Job End	Employee	Emp #	Shift	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Total	Reg	OT	DT	Employee Signature
_____	08/31/06	_____	_____	1												
TOTALS:																

Approval includes verification of hours worked and acceptance of terms and conditions on the reverse side.

Client Signature

Title

Date

Charge Number:

Check Here if Charge Number is correct.
If not, indicate correct charge number here: _____