



KTBLACK SERVICES

Salary Time Card

WT Department Head: _____

WT Department Name: _____

Week ending is every Sunday. Timecards must be submitted by 5:00pm on MONDAY following the week end.

Employee Name:	Week Ending Date: (Must be	Weekly Pay Rate:	Mileage:		Reimbursement (i.e. Hotel, Meals, etc.):	Miscellaneous:

Date: _____

Supervisor's Name: _____

Supervisor's Signature: _____

* Please submit to wtamu@ktblack.com