

## SHIFT DIFFERENTIAL

TO: PAYROLL SERVICES

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

POSITION: \_\_\_\_\_

*This Section to be Completed by Payroll Dept.*

<u>DATES WORKED</u>	<u>START of SHIFT</u>	<u>END of SHIFT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>SHIFT CODE</u>	<u>HOURS</u>
_____	_____
_____	_____
_____	_____
_____	_____

Signature \_\_\_\_\_

Supervisor's Approval \_\_\_\_\_

Date \_\_\_\_\_

*Revised: 1-Dec-11, College Services*

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