

**Ohio Conference of Seventh-day Adventists
HOURLY PAYROLL REPORT**

MONTH OF:	20____
EMPLOYEE:	Position:
EMPLOYER:	

HOURS WORKED								
Week Begin Date	SUN	MON	TUE	WED	THU	FRI	SAT	Weekly Hours

(A) Total Hours Worked

(B) Hourly Pay Rate

GROSS WAGES (A x B)

EMPLOYEE SIGNATURE: <i>By submitting the hours listed above, I hereby represent that I have accurately recorded all hours and that I have not worked any additional hours for which I am entitled to payment from the Ohio Conference or any local church or school during this pay period.</i>	(A) TOTAL HOURS WORKED	
	(B) HOURLY PAY RATE	
	GROSS WAGES (A x B)	