

C

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
EXTRA-HELP TIME RECORD***

John
7-10-08
g

Employee Name: Donald Patricia
Last First MI

Employee ID: [REDACTED]

Department Name: UPWARD BOUND Acct. #: 205-461560

Period Beginning: June 16, 2008 Period Ending: June 30, 2008

Day of Week	Date	Time		Lunch/Break	Total Hours	Day of Week	Date	Time		Lunch/Break	Total Hours
		In	Out					In	Out		
	1				-	Monday	16	8:00 AM	10:00 AM		2.00
	2				-	Tuesday	17	8:00 AM	10:00 AM		2.00
	3				-	Wednesday	18	8:00 AM	10:00 AM		2.00
	4				-	Thursday	19	8:00 AM	10:00 AM		2.00
	5				-	Friday	20	8:00 AM	10:00 AM		2.00
	6				-		21				-
	7				-		22				-
	8				-	Monday	23	8:00 AM	10:00 AM		2.00
	9				-	Tuesday	24	8:00 AM	10:00 AM		2.00
	10				-	Wednesday	25	8:00 AM	10:00 AM		2.00
	11				-	Thursday	26	8:00 AM	10:00 AM		2.00
	12				-	Friday	27	8:00 AM	10:00 AM		2.00
	13				-		28				-
	14				-		29				-
	15				-		30				-
	XX				-		31				-
Total Hours to be Paid					0.00	Total Hours to be Paid					20.00

I hereby certify this document to be a true statement of the hours I worked during the pay period stated above:
Employee
Patricia Donald/VHC unavailable
Employee's Signature

Hours Worked (Regular)	20.00
Rate of Pay	25.00
Gross Wages	\$500.00

SUPERVISOR'S ONLY:
I hereby certify to the best of my knowledge, this document to be a true statement of the hours worked by this employee, and that the work has been performed in a satisfactory manner.

Verona Cottonham 205-431560
Supervisor's Signature Department Number

*If employee has worked overtime hours, please use the Extra-Help Overtime Record to record the overtime hours to be paid.

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
EXTRA-HELP TIME RECORD***

*YBM
7-10-08*

Employee Name: Dancy T. Elon
Last First MI

Employee ID: [REDACTED]

Department Name: Relations & Development Acct. #: 205-614002-50114

Period Beginning: June 16, 2008 Period Ending: June 30, 2008

Day of Week	Date	Time		Lunch/Break	Total Hours	Day of Week	Date	Time		Lunch/Break	Total Hours
		In	Out					In	Out		
	1				-	Mon.	16	10:30 AM	6:00 PM	1.00	6.50
	2				-	Tues.	17				-
	3				-	Wed.	18	10:30 AM	5:30 PM	1.00	6.00
	4				-	Thurs.	19	12:00 PM	6:00 PM	0.25	5.75
	5				-	Fri.	20	11:30 AM	7:00 PM	0.50	7.00
	6				-		21				-
	7				-		22				-
	8				-	Mon.	23				-
	9				-	Tues.	24				-
	10				-	Wed.	25				-
	11				-	Thurs.	26				-
	12				-	Fri.	27				-
	13				-		28				-
	14				-		29				-
	15				-	Mon.	30				-
	XX				-		31				-
Total Hours to be Paid					0.00	Total Hours to be Paid					25.25

I hereby certify this document to be a true statement of the hours I worked during the pay period stated above:

T. Elon Dancy
Employee's Signature

Hours Worked (Regular)	25.25
Rate of Pay	25.00
Gross Wages	\$631.25

SUPERVISOR'S ONLY:

I hereby certify to the best of my knowledge, this document to be a true statement of the hours worked by this employee, and that the work has been performed in a satisfactory manner.

M. Martindale
Supervisor's Signature

Department Number

*If employee has worked overtime hours, please use the Extra-Help_Overtime Record to record the overtime hours to be paid.

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
EXTRA-HELP TIME RECORD***

YBM
7-10-08
K

Employee Name: Cooper, Gwendolyn
Last First

M.
MI

Employee ID: [REDACTED]

Department Name: Watson Memorial Library Acct. #: 110-4101-00-50114

Period Beginning: June 16, 2008 Period Ending: June 30, 2008

Day of Week	Date	Time		Lunch/Break	Total Hours	Day of Week	Date	Time		Lunch/Break	Total Hours
		In	Out					In	Out		
	1				-	Monday	16	9:00 AM	1:00 PM		4.00
	2				-	Tuesday	17	9:00 AM	1:00 PM		4.00
	3				-	Wednesday	18	9:00 AM	1:00 PM		4.00
	4				-	Thursday	19	9:00 AM	1:00 PM		4.00
	5				-	Friday	20	9:00 AM	1:00 PM		4.00
	6				-		21				-
	7				-		22				-
	8				-	Monday	23	9:00 AM	1:00 PM		4.00
	9				-	Tuesday	24	9:00 AM	1:00 PM		4.00
	10				-	Wednesday	25	9:00 AM	1:00 PM		4.00
	11				-	Thursday	26	9:00 AM	1:00 PM		4.00
	12				-	Friday	27	9:00 AM	1:00 PM		4.00
	13				-		28				-
	14				-		29				-
	15				-	Monday	30	9:00 AM	1:00 PM		4.00
	XX				-		31				-
Total Hours to be Paid					0.00	Total Hours to be Paid					44.00

I hereby certify this document to be a true statement of the hours I worked during the pay period stated above:

Gwendolyn Cooper
Employee's Signature

Hours Worked (Regular)	44.00
Rate of Pay	10.50 / 2.50
Gross Wages	842.00
	550.00

YBM

SUPERVISOR'S ONLY:

I hereby certify to the best of my knowledge, this document to be a true statement of the hours worked by this employee, and that the work has been performed in a satisfactory manner.

Edward J. Fontanette / AS
Supervisor's Signature

110-4101-00
Department Number

*If employee has worked overtime hours, please use the Extra-Help_Overtime Record to record the overtime hours to be paid.

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
EXTRA-HELP TIME RECORD***

Jan 7-10-08

Employee Name: Cone, Abbie Last First R. MI

Employee ID: [REDACTED]

Department Name: Watson Memorial Library Acct. #: 110-4101-00-50114

Period Beginning: June 16, 2008 Period Ending: June 30, 2008

Day of Week	Date	Time		Lunch/Break	Total Hours	Day of Week	Date	Time		Lunch/Break	Total Hours
		In	Out					In	Out		
	1				-	Monday	16	9:00 AM	1:00 PM		4.00
	2				-	Tuesday	17	9:00 AM	1:00 PM		4.00
	3				-	Wednesday	18	9:00 AM	1:00 PM		4.00
	4				-	Thursday	19	9:00 AM	1:00 PM		4.00
	5				-	Friday	20	9:00 AM	1:00 PM		4.00
	6				-		21				-
	7				-		22				-
	8				-	Monday	23	9:00 AM	1:00 PM		4.00
	9				-	Tuesday	24	9:00 AM	1:00 PM		4.00
	10				-	Wednesday	25	9:00 AM	1:00 PM		4.00
	11				-	Thursday	26	9:00 AM	1:00 PM		4.00
	12				-	Friday	27	9:00 AM	1:00 PM		4.00
	13				-		28				-
	14				-		29				-
	15				-	Monday	30	9:00 AM	1:00 PM		4.00
	XX				-		31				-
Total Hours to be Paid					0.00	Total Hours to be Paid					44.0

I hereby certify this document to be a true statement of the hours I worked during the pay period stated above:

Abbie Cone

Employee's Signature

Hours Worked (Regular)	44.00
Rate of Pay	10.00
Gross Wages	\$440.00

SUPERVISOR'S ONLY:

I hereby certify to the best of my knowledge, this document to be a true statement of the hours worked by this employee, and that the work has been performed in a satisfactory manner.

Edward J. Fontenot/RS

Supervisor's Signature

110-4101-00
Department Number

*If employee has worked overtime hours, please use the Extra-Help_Overtime Record to record the overtime hours to be paid.

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
EXTRA-HELP TIME RECORD***

*Y011
7-10-08*

Employee Name: Bushnok Jennifer MI
Last First MI

Employee ID: [REDACTED]

Department Name: School of Agriculture, Fisheries and Human Sci. Acct. #: 111-250109-50114

Period Beginning: June 16, 2008 Period Ending: June 30, 2008

Day of Week	Date	Time		Lunch/Break	Total Hours	Day of Week	Date	Time		Lunch/Break	Total Hours
		In	Out					In	Out		
	1				-	MON	16				-
	2				-	TUE	17	2:00 PM	3:30 PM		1.50
	3				-	WED	18	8:45 AM	11:30 AM		2.75
	4				-	THURS	19	9:00 AM	9:15 AM		0.25
	5				-	FRI	20				-
	6				-		21				-
	7				-		22				-
	8				-	MON	23				-
	9				-	TUE	24	12:00 PM	3:30 PM		3.50
	10				-	WED	25				-
	11				-	THURS	26				-
	12				-	FRI	27	9:30 AM	12:45 PM		3.25
	13				-		28				-
	14				-		29				-
	15				-	MON	30				-
	XX				-		31				-
Total Hours to be Paid					0.00	Total Hours to be Paid					11.25

I hereby certify this document to be a true statement of the hours I worked during the pay period stated above:
Jennifer Bushnok/RCS
 Employee's Signature

Hours Worked (Regular)	11.25
Rate of Pay	50.00
Gross Wages	\$562.50

SUPERVISOR'S ONLY:

I hereby certify to the best of my knowledge, this document to be a true statement of the hours worked by this employee, and that the work has been performed in a satisfactory manner.

James O. Harner, J
 Supervisor's Signature

111-250109-50114
 Department Number

*If employee has worked overtime hours, please use the Extra-Help Overtime Record to record the overtime hours to be paid.

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
EXTRA-HELP TIME RECORD***

Yom
7-10-08
K

Employee Name: Zornes-Hill Donna MI
Last First MI

Employee ID: [REDACTED]

Department Name: Curriculum & Instruction Acct. #: 110130100

Period Beginning: June 16, 2008 Period Ending: June 30, 2008

Day of Week	Date	Time		Lunch/Break	Total Hours	Day of Week	Date	Time		Lunch/Break	Total Hours
		In	Out					In	Out		
	1				-	Mon.	16	9:00 AM	3:00 PM		6.00
	2				-	Tues.	17	9:00 AM	3:00 PM		6.00
	3				-	Wed.	18	8:00 AM	5:00 PM	1.00	8.00
	4				-	Thurs.	19	8:00 AM	5:00 PM	1.00	8.00
	5				-	Fri.	20	8:00 AM	5:00 PM	1.00	8.00
	6				-		21				-
	7				-		22				-
	8				-	Mon.	23	9:00 AM	3:00 PM		6.00
	9				-	Tues.	24	9:00 AM	2:00 PM		5.00
	10				-	Wed.	25	9:00 AM	4:00 PM		7.00
	11				-	Thurs.	26	9:00 AM	3:00 PM		6.00
	12				-	Fri.	27	9:00 AM	3:00 PM		6.00
	13				-		28				-
	14				-		29				-
	15				-	Mon.	30	9:00 AM	3:00 PM		6.00
	XX				-		31				-
Total Hours to be Paid					0.00	Total Hours to be Paid					72.00

I hereby certify this document to be a true statement of the hours I worked during the pay period stated above:
Donna Zornes-Hill (Jc)
Employee's Signature

Hours Worked (Regular)	72.00
Rate of Pay	43.75
Gross Wages	\$3,150.00

SUPERVISOR'S ONLY:
I hereby certify to the best of my knowledge, this document to be a true statement of the hours worked by this employee, and that the work has been performed in a satisfactory manner.
George E. Heits
Supervisor's Signature

Department Number _____

*If employee has worked overtime hours, please use the Extra-Help Overtime Record to record the overtime hours to be paid.

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
EXTRA-HELP TIME RECORD***

DBM
7-10-88

Hincaple

Employee Name: Munoz Milton
Last First MI

Employee ID: [REDACTED]

Department Name: Aquaculture/Fisheries Acct. #: 299-111660-50114 ✓

Period Beginning: June 16, 2008 Period Ending: June 30, 2008

Day of Week	Date	Time		Lunch/Break	Total Hours	Day of Week	Date	Time		Lunch/Break	Total Hours
		In	Out					In	Out		
Sunday	1				-	Monday	16	8:00 AM	5:00 PM	1.00	8.00
Monday	2				-	Tuesday	17	8:00 AM	5:00 PM	1.00	8.00
Tuesday	3				-	Wednesday	18	8:00 AM	5:00 PM	1.00	8.00
Wednesday	4				-	Thursday	19	8:00 AM	5:00 PM	1.00	8.00
Thursday	5				-	Friday	20	8:00 AM	5:00 PM	1.00	8.00
Friday	6				-	Saturday	21				-
Saturday	7				-	Sunday	22				-
Sunday	8				-	Monday	23	8:00 AM	5:00 PM	1.00	8.00
Monday	9				-	Tuesday	24	8:00 AM	5:00 PM	1.00	8.00
Tuesday	10				-	Wednesday	25	8:00 AM	5:00 PM	1.00	8.00
Wednesday	11				-	Thursday	26	8:00 AM	5:00 PM	1.00	8.00
Thursday	12				-	Friday	27	8:00 AM	5:00 PM	1.00	8.00
Friday	13				-	Saturday	28				-
Saturday	14				-	Sunday	29				-
Sunday	15				-	Monday	30				-
	XX				-		31				-
Total Hours to be Paid					0.00	Total Hours to be Paid					80.00

I hereby certify this document to be a true statement of the hours I worked during the pay period stated above:
Milton Munoz
Employee's Signature

Hours Worked (Regular)	80.00
Rate of Pay	10.50
Gross Wages	\$840.00

SUPERVISOR'S ONLY:
I hereby certify to the best of my knowledge, this document to be a true statement of the hours worked by this employee, and that the work has been performed in a satisfactory manner.
[Signature]
Supervisor's Signature Department Number

*If employee has worked overtime hours, please use the Extra-Help Overtime Record to record the overtime hours to be paid.

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
EXTRA-HELP TIME RECORD***

WBM
7-10-08

Employee Name: Funderburg Jeremy M
MI
Last First

Employee ID: [REDACTED]

Department Name: AQUA/FISH Acct. #: 229-111437 50114

Period Beginning: June 16, 2008 Period Ending: June 30, 2008

Day of Week	Date	Time		Lunch/Break	Total Hours	Day of Week	Date	Time		Lunch/Break	Total Hours
		In	Out					In	Out		
	1				-	mon	16	8:00 AM	5:00 PM	1.00	8.00
	2				-	tue	17	8:00 AM	5:00 PM	1.00	8.00
	3				-	wed	18	8:00 AM	5:00 PM	1.00	8.00
	4				-	thur	19	8:00 AM	5:00 PM	1.00	8.00
	5				-	fri	20	8:00 AM	5:00 PM	1.00	8.00
	6				-		21				-
	7				-		22				-
	8				-	mon	23	8:00 AM	5:00 PM	1.00	8.00
	9				-	tue	24	8:00 AM	5:00 PM	1.00	8.00
	10				-	wed	25	8:00 AM	5:00 PM	1.00	8.00
	11				-	thur	26	8:00 AM	5:00 PM	1.00	8.00
	12				-	fri	27	8:00 AM	5:00 PM	1.00	8.00
	13				-		28				-
	14				-		29				-
	15				-	mon	30	8:00 AM	5:00 PM	1.00	8.00
	XX						31				-
Total Hours to be Paid					0.00	Total Hours to be Paid					88.00

I hereby certify this document to be a true statement of the hours I worked during the pay period stated above:

Jeremy Funderburg
Employee's Signature

Hours Worked (Regular)	88.00
Rate of Pay	6.35
Gross Wages	\$558.80

SUPERVISOR'S ONLY:

I hereby certify to the best of my knowledge, this document to be a true statement of the hours worked by this employee, and that the work has been performed in a satisfactory manner.

Steve Lochmann / Kelly Goodwin
Supervisor's Signature

Department Number

*If employee has worked overtime hours, please use the Extra-Help_Overtime Record to record the overtime hours to be paid.

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
EXTRA-HELP TIME RECORD***

YSM
2-10-08

Employee Name: Fisher Calvin M
Last First MI

Employee ID: [REDACTED]

Department Name: AQUA/FISH Acct. #: 229-111437 50114

Period Beginning: June 16, 2008 Period Ending: June 30, 2008

Day of Week	Date	Time		Lunch/Break	Total Hours	Day of Week	Date	Time		Lunch/Break	Total Hours
		In	Out					In	Out		
	1				-	mon	16	8:00 AM	5:00 PM	1.00	8.00
	2				-	tue	17	8:00 AM	5:00 PM	1.00	8.00
	3				-	wed	18	8:00 AM	5:00 PM	1.00	8.00
	4				-	thur	19	8:00 AM	5:00 PM	1.00	8.00
	5				-	fri	20	8:00 AM	5:00 PM	1.00	8.00
	6				-		21				-
	7				-		22				-
	8				-	mon	23	8:00 AM	5:00 PM	1.00	8.00
	9				-	tue	24	8:00 AM	5:00 PM	1.00	8.00
	10				-	wed	25	8:00 AM	5:00 PM	1.00	8.00
	11				-	thur	26	8:00 AM	5:00 PM	1.00	8.00
	12				-	fri	27	8:00 AM	5:00 PM	1.00	8.00
	13				-		28				-
	14				-		29				-
	15				-	mon	30	8:00 AM	5:00 PM	1.00	8.00
	XX				-		31				-
Total Hours to be Paid					0.00	Total Hours to be Paid					88.00

I hereby certify this document to be a true statement of the hours I worked during the pay period stated above:

Calvin Fisher / [Signature]
Employee's Signature

Hours Worked (Regular)	88.00
Rate of Pay	\$6.85
Gross Wages	\$602.80

SUPERVISOR'S ONLY:

I hereby certify to the best of my knowledge, this document to be a true statement of the hours worked by this employee, and that the work has been performed in a satisfactory manner.

Steve Lochmann / Kelly Goodwin
Supervisor's Signature

Department Number

*If employee has worked overtime hours, please use the Extra-Help_Overtime Record to record the overtime hours to be paid.

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
EXTRA-HELP TIME RECORD***

WOK 7-10-08

Employee Name: Farwell Lisa C.
Last First MI

Employee ID: _____

Department Name: Aquaculture & Fisheries Acct. #: 299 111660 50114

Period Beginning: June 16, 2008 Period Ending: June 30, 2008

Day of Week	Date	Time		Lunch/Break	Total Hours	Day of Week	Date	Time		Lunch/Break	Total Hours
		In	Out					In	Out		
Sat	1				-	Mon	16	8:00 AM	5:00 PM	1.00	8.00
Sun	2				-	Tues	17	8:00 AM	5:00 PM	1.00	8.00
Mon	3				-	Wed	18	8:00 AM	5:00 PM	1.00	8.00
Tue	4				-	Thurs	19	8:00 AM	5:00 PM	1.00	8.00
Wed	5				-	Fri	20	8:00 AM	5:00 PM	1.00	8.00
Thur	6				-		21				-
Fri	7				-		22				-
Sat	8				-	Mon	23	8:00 AM	5:00 PM	1.00	8.00
Sun	9				-	Tues	24	8:00 AM	5:00 PM	1.00	8.00
Mon	10				-	Wed	25	8:00 AM	5:00 PM	1.00	8.00
Tue	11				-	Thurs	26	8:00 AM	5:00 PM	1.00	8.00
Wed	12				-	Fri	27	8:00 AM	5:00 PM	1.00	8.00
Thur	13				-		28				-
Fri	14				-		29				-
Sat	15				-	Mon	30	8:00 AM	5:00 PM	1.00	8.00
	XX				-		31				-
Total Hours to be Paid					0.00	Total Hours to be Paid					88.00

I hereby certify this document to be a true statement of the hours I worked during the pay period stated above:
Lisa Farwell / [Signature]
Employee's Signature

Hours Worked (Regular)	88.00
Rate of Pay	8.50
Gross Wages	\$748.00

SUPERVISOR'S ONLY:
I hereby certify to the best of my knowledge, this document to be a true statement of the hours worked by this employee, and that the work has been performed in a satisfactory manner.
Steve Lochmann / Kelly Goodwin
Supervisor's Signature Department Number

*If employee has worked overtime hours, please use the Extra-Help Overtime Record to record the overtime hours to be paid.

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
EXTRA-HELP TIME RECORD***

Don
7-10-08
jr

Employee Name: Ellison Viola MI
Last First MI

Employee ID: [REDACTED]

Department Name: Title III Acct. #: 205-614000-50114 - 25%
205-614005-50114 - 75%

Period Beginning: June 16, 2008 Period Ending: June 30, 2008

Day of Week	Date	Time		Lunch/Break	Total Hours	Day of Week	Date	Time		Lunch/Break	Total Hours
		In	Out					In	Out		
	1				-	Mon	16	10:00 AM	2:00 PM		4.00
	2				-	Tues	17	10:00 AM	2:00 PM		4.00
	3				-	Wed	18	10:00 AM	2:00 PM		4.00
	4				-	Thurs	19	10:00 AM	2:00 PM		4.00
	5				-	Fri	20	10:00 AM	2:00 PM		4.00
	6				-		21				-
	7				-		22				-
	8				-	Mon	23	10:00 AM	2:00 PM		4.00
	9				-	Tues	24	10:00 AM	2:00 PM		4.00
	10				-	Wed	25	10:00 AM	2:00 PM		4.00
	11				-	Thurs	26	10:00 AM	2:00 PM		4.00
	12				-	Fri	27	10:00 AM	2:00 PM		4.00
	13				-		28				-
	14				-		29				-
	15				-	Mon	30	10:00 AM	2:00 PM		4.00
	XX				-		31				-
Total Hours to be Paid					0.00	Total Hours to be Paid					44.00

I hereby certify this document to be a true statement of the hours I worked during the pay period stated above:

Viola Ellison / CH
Employee's Signature

Hours Worked (Regular)	44.00
Rate of Pay	28.80 28.80 /
Gross Wages	\$1,269.40
	<i>\$1,267.20</i>

SUPERVISOR'S ONLY:

I hereby certify to the best of my knowledge, this document to be a true statement of the hours worked by this employee, and that the work has been performed in a satisfactory manner.

M. Mortensen
Supervisor's Signature

Department Number

*If employee has worked overtime hours, please use the Extra-Help_Overtime Record to record the overtime hours to be paid.

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
EXTRA-HELP TIME RECORD***

*QBM
7-10-08*

Employee Name: Dorn Jared
Last First MI

Employee ID: [REDACTED]

Department Name: Agriculture Acct. #: 111250110

Period Beginning: June 16, 2008 Period Ending: June 30, 2008

Day of Week	Date	Time		Lunch/Break	Total Hours	Day of Week	Date	Time		Lunch/Break
		In	Out					In	Out	
	1				-		16	9:00 AM	4:00 PM	1.00
	2				-		17	9:00 AM	4:00 PM	1.00
	3				-		18	9:00 AM	4:00 PM	1.00
	4				-		19	8:30 AM	12:00 PM	
	5				-		20			
	6				-		21			
	7				-		22			
	8				-		23	9:00 AM	2:30 PM	1.00
	9				-		24	8:30 AM	4:00 PM	1.00
	10				-		25	9:00 AM	4:00 PM	1.00
	11				-		26	9:00 AM	4:00 PM	1.00
	12				-		27			
	13				-		28			
	14				-		29			
	15				-		30	8:00 AM	12:00 PM	
	XX						31			
Total Hours to be Paid					0.00	Total Hours to be Paid				

I hereby certify this document to be a true statement of the hours I worked during the pay period stated above:

Jared Dorn
Employee's Signature

Hours Worked (Regular)	48.50
Rate of Pay	6.85
Gross Wages	\$332.23

SUPERVISOR'S ONLY:

I hereby certify to the best of my knowledge, this document to be a true statement of the hours worked by this employee, and that the work has been performed in a satisfactory manner.

Vince Wiley
Supervisor's Signature

Department Number

*If employee has worked overtime hours, please use the Extra-Help Overtime Record to record the overtime hours to be paid