TSU

TEXAS SOUTHERN UNIVERSITY

PAYROLL OFFICE

Log of Hours Worked by TRS Retiree

Employee Name: **Job Title:**

TSU ID #: **Department and Ext:**

Pay Period:

Enter below the date and number of hours worked.

Date	# of Hours Worked	Date	# of Hours Worked
	Total Hours Worked		0.00

Employee Signature **Date**

Supervisor Signature **Printed Name** **Date**

Note: **It is mandatory that the original approved form be returned to the Payroll Office in HH: 135 by the close of business on the last working day of the month.**