

The University of Akron
Payroll Office
Time Records Check Off List
(Print to complete)

Dept. Name _____ Dept. Head
Signature _____

No. of Time Records Returning _____ Date Returned _____

Employee Names

- | | |
|---|--|
| 1.

2.

3.

4.

5.

6.

7.

8.

9.
_____ | 10.

11.

12.

13.

14.

15.

16.

17.

18.
_____ |
|---|--|