

**UNIVERSITY OF WISCONSIN – GREEN BAY  
VERIFICATION OF HOURS FORM**

**Instructions: Please complete the information below and submit the form to your supervisor on the first workday following the close of the payroll month.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I attest that my work hours for the period of \_\_\_\_\_, through \_\_\_\_\_, are as follows:

<u>Weekly Time Period</u>	<u>Total Hours Worked</u>
Week Ending _____	_____
Week Ending _____	_____
Week Ending _____	_____
Week Ending _____	_____
Week Ending _____	_____
Total for Month:	_____

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_