# XAVIER UNIVERSITY OF LOUISIANA

## DEPARTMENT PAYROLL SUMMARY REPORT FOR NONEXEMPT EMPLOYEES

**NAME OF DEPARTMENT _____ COST CENTER NO._____**

| **NAME OF EMPLOYEE** *(List names of employees in alphabetical order. Last name first, followed by first name)* | **SOCIAL SECURITY NUMBER** | **GRANT NUMBER (IF APPLICABLE)** | **TOTAL PAID HOURS** | **TOTAL HOURS @ REGULAR RATE** | **TOTAL HOURS @ OVERTIME RATE** |
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Please attach a completed Attendance Report for Nonexempt Employees for each employee listed on the Summary Report for Nonexempt Employees.

Submit your completed Department Payroll Summary for Nonexempt Employees to the Human Resources Department by 12:00 noon, Monday of Payroll week for processing.

_____ _____

Signature of Person completing this Report Date

_____ _____

Signature of Authorized Department Representative Date

LC/tw 0306 _____ Reg. _____Holiday _____Sick _____Vac. _____OT