

N. P. 807
1-50

REQUEST FOR TIME CERTIFICATE

To Officer that issues
Time Certificate _____ at _____ Date _____ 19____

Name of _____ Soc. Sec. _____
Employee _____ Number _____ Employed as _____

For time worked in _____ Half of _____ 19____ Report time to be paid by days

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total Hours	Rate	Amount	Total Amount	
St. Time	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
O. T. P. R.																				
O. T. 1½																				
O. T. Double																				

Send Time Check to _____ Section or Gang No. or Payroll designation _____	Dept. No.	R. R. A. Tax
	Loc. No.	Income Tax
	Emp. No.	N. P. B. A.
		Board

Certified correct _____ Title _____

Location _____

Reason for Leaving Service _____

Not transferable or negotiable

Must be prepared
with ink or in-
delible pencil.

Check No. _____

Date issued _____

Net	
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