



# Payroll Certification

Employee's Name: \_\_\_\_\_ Select One:  Salary  Hourly  
Last 4 of SSN: \_\_\_\_\_

### Supervisor's Certification:

I certify that this individual reported to work at: \_\_\_\_\_  AM  PM On: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Division/Region: \_\_\_\_\_

### Employee's Assigned Days Off (Salary employees only):

Mark the employee's assigned days off for the first month of employment. **NOTE: A salary employee cannot begin employment on their scheduled day off.**

(Check at least 2 boxes)

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday