

AUBURN UNIVERSITY BIWEEKLY PAYROLL TIME SHEET

Department: _____

Employee Name							Pay Period				
Employee ID							From		To		
	Date	Time In	Time Out	Time In	Time Out	Hours Worked	Annual Lv Hours	Sick Lv Hours	Other	Total Hours	
Sun.											
Mon.											
Tue.											
Wed.											
Thu.											
Fri.											
Sat											
						Total					
SHADED AREAS ARE FOR DEPARTMENTAL USE ONLY						Weekly Totals:	Code/Hrs OTS _____ OTP _____ * _____ Total _____	Code/Hrs	Code/Hrs	Code/Hrs	Total
	Date	Time In	Time Out	Time In	Time Out	Hours Worked	Annual Lv Hours	Sick Lv Hours	Other	Total Hours	
Sun.											
Mon.											
Tue.											
Wed.											
Thu.											
Fri.											
Sat											
						Total					
PTB Part-time Non-student ADL Additional Pay STU Student Regular Pay VAC Vacation Leave R26 Regular Biweekly Pay SCK Sick Leave WSA College Work-study AU FNL Funeral Leave WSM College Work-study AUM MIL Military Leave OJI On-the-job Injury JRY Jury/Court Duty SCP Salary Continuation DOC Dock Pay OTS Overtime Pay @ 1.0 OTP Overtime @ 1.5 CTS Comp Time @ 1.0 CTE Comp Time @ 1.5 CTT Comp Time Taken						Weekly Totals:	Code/Hrs OTS _____ OTP _____ * _____ Total _____	Code/Hrs	Code/Hrs	Code/Hrs	Total
* Use appropriate code						Biweekly Totals:	Code/Hrs OTS _____ OTP _____ _____ Total _____	Code/Hrs	Code/Hrs	Code/Hrs	Total

I certify that the times shown on this sheet are correct.

Employee Signature

Supervisor Signature

Department Head Signature