



FERMI NATIONAL ACCELERATOR LABORATORY

Weekly Time Report

ID:

Paygroup:

Mail To:

Pay End Date:

Dept:

MS:

	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	
IN									
OUT									
WORK HOURS									
OTHER HOURS	4								
OTHER CODES	FUW								
LABOR DISTRIBUTION	Project		Task					Pct	
COMMENTS									

This is a legal document. There should be no erasures or whiteouts. This form must be completed in ink.
 Note: The charge code data on this time sheet is subject to revision by completion of an effort report reflecting (on an annual basis) the actual effort distribution for the time worked during this time period.

I hereby certify that the time reported above represents a true statement	Employee Signature		Date: / /
Approver ID	Authorized Signature		Date: / /

NOTE: Not Valid without Supervisor Signature and ID

ACCOUNTING USE ONLY										
MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL		Project	Task
								RGW		
								OTP		

Other Codes

A - Unexcused Absence without Pay
 B - Excused Absence without Pay
 D - Death in Family
 DL - Disciplinary Leave without Pay
 EC - Early Closing
 EMR - Emergency Call-in

F - Floating Holiday
 H - Holiday (1st Shift)
 JD - Jury Duty
 L - Leave without Pay
 M - Military Service
 PH - Pay for HRS Shown

O - Other (explain)
 R - Day of Rest
 S - Sick Leave (Non-Occupational Disability)
 SC - Schedule Change
 V - vacation
 FUW - Furlough