

**INDIANA UNIVERSITY**  
**BIWEEKLY**  
**ATTENDANCE RECORD**

**NAME** \_\_\_\_\_  
**PAY PERIOD: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**DEPT.** \_\_\_\_\_  
**ACCOUNT #** \_\_\_\_\_

**WEEK ONE**

DAY	REG	VAC	SCK	OVT	HOL	FNL	CTD	WTH	CPT	ABS
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										
<b>TOTAL WEEK ONE</b>										

**WEEK TWO**

DAY	REG	VAC	SCK	OVT	HOL	FNL	CTD	WTH	CPT	ABS
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										
<b>TOTAL WEEK TWO</b>										

OVT HOURS REPORTED FOR PAY

COMPTIME \_\_\_\_ X 1.5

(Please attach an overtime form to this time sheet.)

OVT HOURS REPORTED FOR PAY

COMPTIME \_\_\_\_ X 1.5

I hereby certify that I have examined the time record of this employee and that this employee has performed the services for which the compensation is being paid, and has been in attendance during the time indicated on this time sheet. This record is correct and approved.

I hereby certify that the hours recorded on this time sheet are true and accurate.

\_\_\_\_\_  
 Supervisor Signature Date

\_\_\_\_\_  
 Employee Signature Date

