

UNIVERSITY OF DELAWARE
Newark, Delaware 19716

ART DEPARTMENT

BI-WEEKLY TIME RECORD

EMPLOYEE: _____ Employee I.D.# _____
(please print your name) (this is not your SSN)

JOB TITLE/POSITION: _____

RATE/HOUR: _____

TOTAL HOURS: _____

DAY OF WEEK	DATE	# OF HOURS WORKED
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EXPLANATORY NOTES:

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE

Please round off hours to the nearest 1/2 hour, i.e.: 2 hours and 15 minutes would become 2 1/2 hours and 2 hours and ten minutes would become 2 hours.

This form must be submitted to the Art Dept. office by noon the Monday following a PAY DAY in order to get paid the following pay period. ALSO, HOURS MUST BE SUBMITTED BI-WEEKLY.