

Time Entry Form



Action: Reported Time ☐ Prior Period Adjustment ☐

Name: _____
Employee ID: _____
Dept: _____

Week Ending: _____
Job Title: _____
Job Rcd #: _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Time Type	Tub	Org	Fund	Activity	Sub-Act	Root	Rate

Comments:

Employee Signature: _____

Manager Approval: _____

**TIME TYPES:
(TRC Codes)**

REG Regular
CMPE Comp Time Earned
CMPT Comp Time Taken
OTS Overtime at Straight Shift
SCK Sick

JUR Jury Duty
MEAL Meal Money
HOL Holiday
FXOFF Flex Schedule Day Off
SHD Shift Differential (One-time)

PER Personal Day
HWK Holiday Worked
OTP Overtime
BER Bereavement
VAC Vacation