

Payroll Services

Bi-Weekly Floating Employee Report

For Hourly Non-Exempt Employees only

ENTER DAILY INFORMATION BELOW							W		
Sun	Mon	Tue	Wed	Thu	Fri	Sat		Banner Index	
IN	IN	IN	IN	IN	IN	IN		No.	No. of Hours
OUT	OUT	OUT	OUT	OUT	OUT	OUT		To Be Charged	
							WEEK 1		
							DATE		
							Totals		
							WEEK 2		
							DATE		
							Totals	Total Hours	
Employee Name:							Signature:		
Employee Title:							_ Employee ID/SSN:		
Justifi	cation	for hou	ırs wo	rked:_					
Supervisor/Dept. Head Name:							Signature:		
Phone #:_								E-Mail:	

In order to pay Bi-weekly floating hours, all information must be completed and legible. Incomplete and/or illegible forms will be returned, and processed the next pay period. All forms <u>must</u> be returned with the timesheets.

NOTE: NOT TO BE USED for Out-of-Title Payments