

## **BIWEEKLY TIME SHEET**

Instructions for completing the time sheet are on the back.

Name									_	Employee No						_ Department No									
(Please Print) Supervisor's Name								Pay	Perio	od			_ to												
•														Sunc	lay)		(Satu	ırday	)		(Year	)			
			HOURS WORKED HOUR				PAID NOT WORKED					H	IOUR	WOF	T PA RKED		ΣT		UN	APPROVED UNPAID LEAVES OF ABSENCE					
SUNDAY	1. DATE	2. REGULAR	3. OVERTIME	4. VACATION	5. SICK/PERSONAL	6. HOLIDAY	7. JURY	8. BEREAVEMENT	9. TARDY	10. WORKER'S COMPENSATION	11. OTHER	12. VACATION (Previously Paid)	13. SICK/PERSONAL	14. HOLIDAY	15. BEREAVEMENT	16. TARDY	17. OTHER	18. OCCASIONS	19. FAMILY	20. MEDICAL	21. SCHOOL	22. PERSONAL			
MONDAY																									
TUESDAY																									
WEDNESDAY																						<del>                                     </del>			
THURSDAY																									
FRIDAY																									
SATURDAY																									
SUNDAY																									
MONDAY																									
TUESDAY																									
WEDNESDAY																									
THURSDAY																									
FRIDAY																									
SATURDAY																									
TOTAL																									
			•			•	•			•	Pov	ision	c/Ev	nland	tion										
Employee's Signature/Date									Kev	151011	3/ E X	piaiie	ationi	>											
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Super	vicor'	s Sia	natuu	ro/Da	to		_																		
Super	VISUI :	s Sigi	IIatui	e/Da	ile																				
Ove	rtime	Appr	oval/	Date	)		-				FML	.A:		Self			Fam	nily	(Che	eck o	ne)				
					ACC	OUI	NTIN	G D	ISTF	RIBU	TIO	N OF	PA	YRO	LL										
Charge Number/ Hours Paid																									
Cost Center/Project Number			Reg	jular	Over	time	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat					
																						-			
																						_			
																			-		<u> </u>				
																					<u> </u>				
TOTAL (More								e Spa	ce Pr	ovide	d on E	Back)		· <u> </u>	_	· <u> </u>	_	_	· <u> </u>						

805-FRM034A

Complete the top of the form. Legibly print your name, employee number, department number, and supervisor's name. Enter the dates of this pay period.

COLUMN 1-- DATE: Enter the month and day, i.e., mm/dd.

**COLUMN 2 -- REGULAR HOURS:** Enter the total hours that you actually WORKED for each day of the pay period in this column. Include your breaks. Do not include your 30-minute lunch period.

**COLUMN 3 -- OVERTIME HOURS:** Enter the total hours that you actually WORKED in excess of 8.0 per day or 40.0 per week. **Overtime must be authorized in advance.** 

COLUMNS 4-17: Enter in the appropriate column the hours and tenths of hours of time not worked for this pay period. If you did not miss any time, simply leave these columns blank.



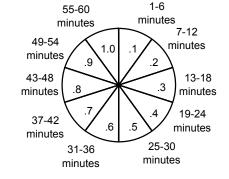
Columns 12-17 and 19-22 are for hours NOT PAID -- NOT WORKED.

**COLUMN 18 -- OCCASIONS:** Enter any incident of continuous absence.

At the end of each pay period, you are responsible for signing your time sheet, securing your supervisor's signature, and for giving your time sheet to your supervisor by 3:00 p.m., the Friday before the pay period ends. (Your supervisor will obtain your Vice President's signature, if you have worked overtime.)

Note to Employees and Supervisors: By affixing your signature, you are certifying the accuracy of all hours reported.

If you are planning to be out on Friday when your time sheet is due, please make arrangements to have the time sheet turned in for you or turn it in yourself before leaving. This is important if you want to be paid on time.



ACCOUNTING DISTRIBUTION OF PAYROLL																
Charge Number	Hours Paid															
Cost Center/Project Number	Regular	Overtime	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sa
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