



**Bi-Weekly Time Sheet**

|   |                            |                |                 |                 |  |              |          |          |
|---|----------------------------|----------------|-----------------|-----------------|--|--------------|----------|----------|
| 1. First Name   |                            | MI             | Last Name       |                 | 2. SSN or UIN  | 3. FLSA Code | 4. PIN # | 5. ADLOC |
| 6. 1st Week of Pay<br>Period Starting _____ Date _____  |                            |                |                 |                 | 7. 2nd Week of Pay<br>Period Starting _____ Date _____   |              |          |          |
| 8. Week Day   | a. Hours Worked (ex. 4.25) | b. Coded Hours | Week Day        | a. Hours Worked | b. Coded Hours   |              |          |          |
| Thursday  |                            |                | Thursday        |                 |  |              |          |          |
| Friday  |                            |                | Friday          |                 |  |              |          |          |
| Saturday  |                            |                | Saturday        |                 |  |              |          |          |
| Sunday  |                            |                | Sunday          |                 |  |              |          |          |
| Monday  |                            |                | Monday          |                 |  |              |          |          |
| Tuesday   |                            |                | Tuesday         |                 |  |              |          |          |
| Wednesday   |                            |                | Wednesday       |                 |  |              |          |          |
| 1st Week Totals   | c.                         | d.             | 2nd Week Totals | c.              | d.   |              |          |          |
| Employee's Signature. I certify that the hours reported on this form are true and correct & that the hours agree with leave I have requested on my LeaveTraq Acct.<br><br>_____ |                            |                |                 |                 | Supervisor's Signature. I certify that the hours reported on this form are true and correct to the best of my knowledge; that work times and absences are in accordance with System policy; and that I have verified the coded hours reported on this form agree with leave requested on this employee's LeaveTraq account.<br><br>_____ |              |          |          |
| e. To OT Comp. Bank _____ x 1.5 = _____   |                            |                |                 |                 | e. To OT Comp. Bank _____ x 1.5 = _____  |              |          |          |
| f. To Straight Comp. Bank _____   |                            |                |                 |                 | f. To Straight Comp. Bank _____  |              |          |          |
| g. Total Hrs. Paid _____  |                            |                |                 |                 | g. Total Hrs. Paid _____   |              |          |          |
| h. OT _____   |                            |                |                 |                 | h. OT _____  |              |          |          |
| i. ST _____   |                            |                |                 |                 | i. ST _____  |              |          |          |