

**NON-EXEMPT
TIME SHEET FOR BI-WEEKLY PAYROLL**

UNIVERSITY OF ALASKA

OVERRIDE DISTRIBUTION <input type="text"/>	PAY NO	PAYPERIOD ENDING DATE	EMPLOYEE NAME (LAST, FIRST, MID.)	EMPLOYEE ID	TK. LOCATION
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WEEK ONE

WEEK TWO

ECLS	EC.	TOTAL HOURS	ASSIGN. MAX. HRS.	DIST. OF PAY	FUND	ORG.	ACCT	PROG	ACTV	PCN.	SUF	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT		

OVERRIDE LABOR DISTRIBUTION _____ OVERRIDE GENERATED PAY _____

WHEN CLAIMING LEAVE AND/OR OVERTIME PLEASE INDICATE EARNINGS CODE IN THE APPROPRIATE BOXES ABOVE

LEAVE EARNINGS CODE

- | | | |
|------------------------|-------------------------|--------------------------|
| 400 - HOLIDAY LEAVE | 500 - ANNUAL LEAVE | 300 - OVERTIME |
| 420 - PERSONAL HOLIDAY | 550 - SICK LEAVE | 305 - OVERTIME - STUDENT |
| 440 - JURY DUTY | 621 - WORKER'S COMP | 320 - SHIFT DIFFERENTIAL |
| 450 - MILITARY LEAVE | 651 - LEAVE WITHOUT PAY | |

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

ORIGINAL: REGIONAL PAYROLL

The above signatures certify actual hours worked or authorized leave taken on the days specified.