

EMPLOYEE TIME RECORD

_____ BI-WEEKLY SALARY _____ BI-WEEKLY HOURLY
 _____ ON COMPRESSED WORK WEEK

Name: _____

Pay Period: _____ Through: _____

Position: _____ College: _____ DEPT: _____

| Circle Dates ACCT For | IN | OUT | IN | OUT | DAILY HOURS WORKED | Hrs not worked reason code |
|-------------------------------------|----|-----|----|-----|-----------------------|-------------------------------|
| 1 | 16 | | | | | |
| 2 | 17 | | | | | |
| 3 | 18 | | | | | |
| 4 | 19 | | | | | |
| 5 | 20 | | | | | |
| 6 | 21 | | | | | |
| 7 | 22 | | | | | |
| 8 | 23 | | | | | |
| 9 | 24 | | | | | |
| 10 | 25 | | | | | |
| 11 | 26 | | | | | |
| 12 | 27 | | | | | |
| 13 | 28 | | | | | |
| 14 | 29 | | | | | |
| 15 | 30 | | | | | |
| | 31 | | | | | |
| EMPLOYEE SIGNATURE _____ DATE _____ | | | | | TOTAL HRS WORKED | TOTAL HRS NOT WORKED |
| SUPERVISOR SIGNATURE _____ | | | | | Date: _____ | |

REASON CODES

C-COMPRESSED WORK DAY OFF

SD - SHORT DAY

H - HOLIDAY

PH - PERSONAL HOLIDAY

V - VACATION

S - SICK DAY

FS - FAMILY SICK

LOA - LEAVE OF ABSENCE

B - BEREAVEMENT LEAVE

J - JURY DUTY (ATTACH COUNTY FORM)