EMPLOYEE TIME RECORD

_____ BI-WEEKLY SALARY _____ BI-WEEKLY HOURLY

_____ ON COMPRESSED WORK WEEK

Name: _____

Pay Period: _____ Through: _____

Position: College: DEPT:

Circle Dates ACC'T 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)

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