

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 | S - SICK DAY |
| SD - SHORT DAY | FS - FAMILY SICK |
| H - HOLIDAY | LOA - LEAVE OF ABSENCE |
| PH - PERSONAL HOLIDAY | B - BEREAVEMENT LEAVE |
| V - VACATION | J - JURY DUTY (ATTACH COUNTY FORM) |

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