## **BIWEEKLY TIME REPORT - HOURLY EMPLOYEES**

Name:			SSN:				[	ept: Pay Period Ending:					
DATE	START TIME	END TIME	HOU	RS WORK	ŒD	LEAVE	TAKEN		EXPLANATION TOTAL				
			REGULAR	OVER TIME	COMP TIME	HOURS	TYPE					HRS PER DAY	
				1									
											WEEKLY CURT	0741	
											WEEKLY SUBT	DIAL	
	T	T	T	T	T T		T				WEE KLY SUBT	OTAL	
	<u> </u>	<u> </u>	<u> </u>		<u> </u>					BIWEEKLY	TOTAL HOURS		
Г	OTHE	_	Luc	N ID AV	WITHOU			Y PERIOD	REGULAR	UNSCHEDULED	SCHEDULED		
OTHER			L	DLIDAY EAVE 005	WITHOU PAY 099		SICK EAVE 003	ANNUAL LEAVE 002	001	OT PAID 007	OT PAID ES 008	TOTAL	
I certify that the hours shown above accurately reflect all hours worked and all absences during the specified pay period  Employee's Signature  Date  Date													
				DateRevised 02-19-01, 04-01-02									
	_										Revised 02-	19-01, 04-01-02	