

Name				UID		Organization Code			
Two Week Period Beginning (Sat)				Ending (Fri)					
Week 1	Regular Hours	Annual (170)	Sick (180)	Straight Overtime (032)	Premium Overtime (035)	Holiday (150)	Other*		Total
							Hours	E.C. *	
SAT									
SUN									
MON									
TUE									
WED									
THU									
FRI									
TOTAL									
Week 2									
SAT									
SUN									
MON									
TUE									
WED									
THU									
FRI									
TOTAL									
GRAND TOTAL									

PERIOD SUMMARY	Beginning Balance	Usage	Pre-Accrual Balance	Accrual** **Only record when pay period covers month end	Ending Balance	FOR TIMEKEEPER USE ONLY: Payroll Number _____ ECLS _____ Position _____ Suffix _____ Organization _____ (Timekeeper's Initials) Entered by: _____ Date: _____
Sick Leave						
Annual Leave						
I certify that hours worked as reported above are true and accurate in accordance with University policies & procedures. All work assignments for Federal Work and Study students have been performed in a satisfactory manner.						
Employee Signature _____ Date _____						
Supervisor Signature _____ Date _____						

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