



Name	UID	Organization Code
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Two Week Period Beginning (Sat)	Ending (Fri)	Instructions
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Week 1 In/Out/Total Hrs	Reg Hrs	Str OT (033)	Prm OT (034)	Tot Hrs	Week 2 In/Out/Total Hrs	Reg Hrs	Str OT (033)	Prm OT (034)	Tot Hrs
SAT					SAT				
SUN					SUN				
MON					MON				
TUE					TUE				
WED					WED				
THU					THU				
FRI					FRI				
WEEK 1 TOTAL					WEEK 2 TOTAL				
TOTALS FOR PAY PERIOD					TOT PAY PERIOD	REG	STR OT	PRM OT	TOT

(Timekeeper use only) CLICK HERE FOR ONLINE HELP	PAYROLL NO. _____ ECLS _____ POSITION _____	
	SUFFIX _____ ORGANIZATION _____ ENT'D _____ DATE _____	
	Employee Signature _____ Date _____	
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.	Supervisor Signature _____ Date _____	