

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:			
Sick Leave						Payroll Number _____			
Annual Leave						ECLS _____			
						Position _____			
						Suffix _____ Organization _____			
						(Timekeeper's Initials)			
<p>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.</p>						<p>Entered by: _____ Date: _____</p>			
<p>Employee Signature _____ Date _____</p>									
<p>Supervisor Signature _____ Date _____</p>									