

BIWEEKLY TIME DOCUMENT



Employee ID	Employee Name (Last,FirstMiddle Initial)	Pay Period End Date
Pay Group Description		
Work Department Name / Mail Code		
Home Department Name / Mail Code		
Begin Date _____ End Date _____		Begin Date _____ End Date _____

TIME REPORT

BY DAY:

WEEK 1						
Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours

WEEK 2						
Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours

Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Total Time Report						

TIME DISTRIBUTION

BY PROJECT:

Hourly Rate

WEEK 1						
Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours

WEEK 2						
Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours

Total Time Distribution						

I do hereby certify that the hours shown on the above time report are true and correct to the best of my knowledge and belief.

Employee's Signature/Date

Departmental Approval/Date

Departmental Approval/Date

Other Hours Codes:	CCD Campus Closed Day CLL Call Back Overtime	JRY Jury Duty MIL Military Duty	
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