BIWEEKLY TIME REPORT – HOURLY EMPLOYEES

Name: SSN: Dept: Pay Period Ending:

DATE	START TIME	END TIME	HOURS WORKED			LEAVE TAKEN		EXPLANATION	TOTAL HRS PER DAY
			REGULAR	OVER TIME	COMP TIME	HOURS	TYPE		
04/05/2021									
04/06/2021									
04/07/2021									
04/07/2021									
04/08/2021									
								WEEKLY SUBTOTAL	40
04/12/2021									
04/13/2021									
04/14/2021									
04/15/2021									
04/16/2021									
								WEEKLY SUBTOTAL	40
								BIWEEKLY TOTAL HOURS	80

TOTALS FOR PAY PERIOD

OTHER			HOLIDAY LEAVE 005	WITHOUT PAY 099	SICK LEAVE 003	ANNUAL LEAVE 002	REGULAR 001	UNSCHEDULED OT PAID 007	SCHEDULED OT PAID - ES 008	TOTAL
							80			80

☑ I certify that the hours shown above accurately reflect all hours worked and all absences during the specified pay period.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

REVISED 02-19-01, 04-01-02