



PAY PERIOD
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BI-WEEKLY TIME REPORT

DIST#	LOCATION/DEPARTMENT
EMPLOYEE NAME	EMPLOYEE MUID#

BI-WEEKLY PAYPERIOD FROM _____ TO _____

RECORD YOUR HOURS FOR THIS PAYPERIOD ON THE LINE MATCHING YOUR PAY TYPE:

TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	HOURS	PAYCODE/ EMPLOYMENT TYPE
															035 OT (UP TO 40HRS)
															030 OT (OVER 40 HRS PER WEEK)
															009 REGULAR TIME
															152 HOLIDAY PAY
															173 VACATION
															182 SICK PAY
															OTHER _____
															OTHER _____
															TOTAL FOR PAY PERIOD

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

PAY CODES FOR BIWEEKLY TIME REPORTING

- | | |
|----------------------|------------------------|
| 009 BIWEEKLY PAY | 175 JURY DUTY |
| 030 OVERTIME 1.5 | 182 SICK PAY |
| 035 OVERTIME 1.0 | 183 WORKMENS COMP SICK |
| 152 HOLIDAY PAY | 192 BEREAVEMENT |
| 173 VACATION PAY | 251 INCLEMENT WEATHER |
| 174 TERMINATION VAC. | 420 UNPAID LEAVE |