

BI-WEEKLY TIME RECORD

Pay Period _____ Year _____

Assignment #	_____	
Name	_____	
Location	_____	
Exempt / Non Exempt	_____	Scheduled Hours _____



Pay	From:	_____
Period	To:	_____
Check Date	_____	

Administrative Use Only

WEEK 1		W	V	S	H	FH	CE	CT	EL	IJ	LWOP	T		Comment	LEAVE CODES	TOTALS	
DATE	DAY																
	THU														W=Work	0.00	
	FRI														V=Vacation	0.00	
	SAT														S=Sick	0.00	
	SUN														H=Holiday	0.00	
	MON														FH=Floating Holiday Used	0.00	
	TUE														CE=Comp Time Earned	0.00	
	WED														CU=Comp Time Taken	0.00	
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	EL=Emergency Leave	0.00	
WEEK 2		W	V	S	H	FH	CE	CT	EL	IJ	LWOP	T		Comment	LEAVE CODES	TOTALS	
DATE	DAY																
	THU															IJ=Injury Leave (Work Comp)	0.00
	FRI														LWOP=Leave Without Pay	0.00	
	SAT														DSG=Donated Sick Given		
	SUN														DSR=Donated Sick Received		
	MON														AL=Admin Leave Used		
	TUE														JD=Jury Duty		
	WED														T=Training	0.00	
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	
															TOTAL HOURS ENTERED	0.00	

COMMENTS: _____

REASON CODES	
FMLA Used	
Funeral Leave	

Employee Signature

Date

Supervisor Signature

Date