BIWEEKLY PAYROLL TIME SHEET

NAME: _____ EMPLOYEE ID #: _____ PR #: _____

DEPT/WORK AREA: _____ PAY PERIOD FROM: _____ TO: _____

HOURS	SUN	MON	TUES	WED	THU	FRI	SAT	WEEKLY TOTALS	SUN	MON	TUES	WED	THU	FRI	SAT	WEEKLY TOTALS	PAY PERIOD TOTALS
in																	
out																	
in																	
out																	
Total Worked																	
VACATION (VAC)																	
SICK (SCK)																	
HOLIDAY (HOL)																	
HOL TAKEN (HTK)																	
COMP TAKEN (CPT)																	
VAC FAM LEAVE (VFL)																	
SICK FAM LEAVE (SFL)																	
ABSENT FAM LV (AFL)																	
SUBTOTAL																	
OVERTIME (OVT)																	
COMP EARNED (CPE)																	
TOTAL HOURS In Pay Status																	
AWB/ABS																	
SHIFT DIFF																	
PREMIUM																	
HOL ACCRUED (HAC)																	

EMPLOYEE'S SIGNATURE: _____ Date

SUPERVISOR'S SIGNATURE: _____ Date

DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENTAL PAYROLL PURPOSES

HOURLY RATE	REG	VAC	SCK	HOL	HTK	CPT					OVT		AWB	ABS	SFT	PRM	Total
Week 1:																	
Week 2:																	