AG-505 (04/23)

Texas A&M AgriLife
Administrative Services

TEXAS A&M
AGRILIFE

Bi-Weekly Time Sheet

First Name	MI	Last Name	UIN	Hourly Rate	Position #	Supervisory Org

1st Week of Pay Period Starting _____ Date		2nd Week of Pay Period Starting _____ Date	
Weekday	Hours Worked (ex. 4.25)	Weekday	Hours Worked (ex. 4.25)
Sunday		Sunday	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
1st Week Totals		2nd Week Totals	

Employee's Signature. I certify that the hours reported on this form are true and correct & that the hours agree with leave I have requested in Workday.

_____

Supervisor's Signature. I certify that the hours reported on this form are true and correct to the best of my knowledge; that work times and absences are in accordance with System policy; and that I have verified the hours reported on this form agree with leave requested on this employee's account in Workday.

_____

Submit Biweekly Timesheet with an AG-503 Biweekly Supplemental Form to Laserfiche Work in Progress - Payroll.

AgriLife Payroll office will determine any overtime calculations (if needed).

For questions concerning this form, please contact AgriLife Payroll office at: agpayroll@ag.tamu.edu or 979-845-3636.