



Bi-Weekly Time Sheet

1. First Name		MI	Last Name		2. SSN or UIN	3. FLSA Code	4. PIN #	5. ADLOC
6. 1st Week of Pay Period Starting _____ Date _____					7. 2nd Week of Pay Period Starting _____ Date _____			
8. Week Day	a. Hours Worked (ex. 4.25)	b. Coded Hours	Week Day	a. Hours Worked	b. Coded Hours			
Thursday			Thursday					
Friday			Friday					
Saturday			Saturday					
Sunday			Sunday					
Monday			Monday					
Tuesday			Tuesday					
Wednesday			Wednesday					
1st Week Totals	c.	d.	2nd Week Totals	c.	d.			
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 on my LeaveTraq Acct.			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 coded hours reported on this form agree with leave requested on this employee's LeaveTraq account.					
_____			_____					
e. To OT Comp. Bank _____ x 1.5 = _____			e. To OT Comp. Bank _____ x 1.5 = _____					
f. To Straight Comp. Bank _____			f. To Straight Comp. Bank _____					
g. Total Hrs. Paid _____			g. Total Hrs. Paid _____					
h. OT _____			h. OT _____					
i. ST _____			i. ST _____					