



BI-WEEKLY TIME SHEET REPORT

PAYROLL PERIOD: _____ **BEGIN:** _____ **END:** _____

NAME: _____

CAMPUS/DEPARTMENT: _____ **BANNER ID #: A00**

UNION: UAW PT UAW FT P&AA PT P&AA FT NON-UNION FWS INTERN

HOURS OF PAY	Sun	Mon	Tues	Wed	Thur	Fri	Sat	WEEK 1 TOTAL	Sun	Mon	Tues	Wed	Thur	Fri	Sat	WEEK 2 TOTAL	BI-WEEKLY TOTAL HOURS
REGULAR HOURS																	
SICK HOURS																	
PERSONAL HOURS																	
VACATION HOURS																	
HOLIDAY HOURS																	
OVERTIME HOURS																	
DOUBLE TIME HOURS																	
SHIFT PREMIUM HOURS																	
UNPAID LEAVE HOURS																	
JURY DUTY HOURS																	
COLLEGE BUSINESS HOURS																	
EMERGENCY CLOSING HOURS																	
BEREAVEMENT HOURS																	
UNION LEAVE HOURS																	
TOTAL HOURS																	

Approval for Overtime _____ Employee Signature _____ Date _____

Supervisor Approval _____ Date _____ Campus President/V.C. Approval _____ Date _____