

**BIWEEKLY TIME DOCUMENT**



<b>1</b>	<b>2</b>	<b>3</b>
Employee ID	Employee Name (Last,First,Middle Initial)	Pay Period End D
Pay Group Description		<b>4</b>
Work Department Name / Mail Code		<b>5</b>
Home Department Name / Mail Code		<b>6</b>
Begin Date	End Date	<b>7</b>
Begin Date	End Date	

**TIME REPORT**

**BY DAY:**

WEEK 1							WEEK 2				
Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours	Reg	Hol	Vac	Sick	Other Hours
Thursday											
Friday											
Saturday											
Sunday											
Monday											
Tuesday											
Wednesday											
<b>Total Time Report</b>											

**TIME DISTRIBUTION**

**BY PROJECT:**

WEEK 1							WEEK 2					
Hourly Rate	Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours	Reg	Hol	Vac	Sick	Other Hours
<b>9</b>												
<b>10</b>												
<b>Total Time Distribution</b>												

I do hereby certify that the hours shown on the above time report are true and correct to the best of my knowledge and

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Employee's Signature/Date                      Departmental Approval/Date                      Departmental Approval/Date

Other Hours Codes:	CCD Campus Closed Day CLL Call Back Overtime	JRY Jury Duty MIL Military Duty
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