FY11 EMPLOYEE TIME REPORTING WORKSHEET

Organization or Department Name: _____ Pay Period:

Name: _____ From: Supervisor Signature: _____

Employee Signature: _____ Through: Timekeeper Signature (Optional): _____

	WEEK 1								WEEK 2								PAY PERIOD TOTAL		
	SUN	MON	TUE	WED	THU	FRI	SAT	WEEK TOTAL	SUN	MON	TUE	WED	THU	FRI	SAT	WEEK TOTAL			
Work Schedule								0.00								0.00	0.00	ACCOUNT CODE	ABC ACTIVITY CODE
PAY CODE	SUN	MON	TUE	WED	THU	FRI	SAT		SUN	MON	TUE	WED	THU	FRI	SAT				
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
								0.00								0.00	0.00		
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
DATE								Time								Time	NOTES:		
Record								From								From			
Leave								To								To			
Record								From								From			
Comp Time Earned								To								To			
Record								From								From			
Credit Hours Earned								To								To			
Record								From								From			
Overtime								To								To			
INITIALS																			