UNIVERSITY OF SOUTHERN INDIANA

Bi-Weekly/Hourly Time Report

Employee Name (printed) _____ Employee ID # _____

Department Name _____ Org # _____

Reporting Period From _____ Thru _____

Record hours worked to the nearest quarter of an hour (0.25, 0.50, 0.75, 1.00).

DAY	VACATION	SICK	FAMILY SICK	COMP TIME	HOLIDAY	MISCELLANEOUS HRS/CODE	FMLA (X)	PP (X)	ACTUAL WORK HRS	TOTAL
Saturday						/				
Sunday						/				
Monday						/				
Tuesday						/				
Wednesday						/				
Thursday						/				
Friday						/				
Total-Week 1						/				

Standard Hours	Comp Earned	Overtime

DAY	VACATION	SICK	FAMILY SICK	COMP TIME	HOLIDAY	MISCELLANEOUS HRS/CODE	FMLA (X)	PP (X)	ACTUAL WORK HRS	TOTAL
Saturday						/				
Sunday						/				
Monday						/				
Tuesday						/				
Wednesday						/				
Thursday						/				
Friday						/				
Total-Week 2						/				

Standard Hours	Comp Earned	Overtime

Grand Total													
Codes	170	180	181	190	150						012/020	191	030

Miscellaneous Codes:

220 Jury Duty
230 Military Leave
240 Funeral Leave
420 Unpaid Leave

Earnings Codes:

012 Regular Biweekly
020 Regular Hourly
039 Pager Pay

I certify that the above information is correct.

_____ _____ _____ _____

Employee Signature *Date* *Supervisor Signature* *Date*

SEE REVERSE SIDE FOR INSTRUCTIONS

Approved by the State Board of Accounts for University of Southern Indiana 2014