## 1. BI WEEKLY DOCUMENT

# 1.1. Details

12345	Test TA	12/13/2017
Employee ID	Employee Name	Pay Period Date

Pay Group Description	Bi-weekly Student
Work Department Name/Mail Code	Computing, College of/0280
Home Department Name/Mail Code	Computing, College of/0280

# 1.2. Week 1: 11/30/2017 - 12/06/2017

TIME REPORT							
BY DAY	Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours
Thursda y	1	0	0	0	0	0	1
Friday	0	0	0	0	0	0	0
Saturday	0	0	0	0	0	0	0
Sunday	0	0	0	0	0	0	0
Monday	0	0	0	0	0	0	0
Tuesday	0	0	0	0	0	0	0
Wednes day	1	0	0	0	0	0	1
Total Time Report	2	0	0	0	0	0	2

TIME DISTRIBUTION							
BY PROJE CT	Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours
2301TU EXP	2	0	0	0	0	0	2
Total Time Distributi on	2	0	0	0	0	0	2

### 1.3. Week 2: 12/07/2017 - 12/13/2017

TIME RE	TIME REPORT						
BY PROJE CT	Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours
Thursda y	1	0	0	0	0	0	1
Friday	0	0	0	0	0	0	0
Saturday	0	0	0	0	0	0	0
Sunday	1	0	0	0	0	0	1
Monday	0	0	0	0	0	0	0
Tuesday	0	0	0	0	0	0	0
Wednes day	1	0	0	0	0	0	1
Total Time Report	3	0	0	0	0	0	3

TIME DISTRIBUTION							
BY PROJE CT	Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours
2301TU EXP	3	0	0	0	0	0	3
Total Time Distributi on	3	0	0	0	0	0	3

## 1.4. Signature

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

Employee signature

04-12-2017

Departmental Approval/Date

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