

1. BI WEEKLY DOCUMENT

1.1. Details

Emp123	Test TA	12/10/2017
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

TIME REPORT							
BY DAY	Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours
Thursday	1	0	0	0	0	0	1
Friday	1	0	0	0	0	0	1
Saturday	1	0	0	0	0	0	1
Sunday	1	0	0	0	0	0	1
Monday	1	0	0	0	0	0	1
Tuesday	1	0	0	0	0	0	1
Wednesday	1	0	0	0	0	0	1
Total Time Report	7	0	0	0	0	0	7

TIME DISTRIBUTION							
BY DAY	Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours
2301TU EXP	1	0	0	0	0	0	1
Total Time Distribution	1	0	0	0	0	0	1

1.3. Week 2

TIME REPORT							
BY	Reg	Hol	Vac	Sick	Other	Other	Total

PROJE CT					Hours	Code	Hours
Thursda y	1	0	0	0	0	1	2
Friday	1	0	0	0	0	1	2
Saturday	1	1	0	0	0	1	1
Sunday	1	0	0	0	0	1	2
Monday	1	0	0	0	0	1	2
Tuesday	1	0	0	0	0	1	2
Wednes day	1	0	0	0	0	1	2
Total Time Report	7	1	0	0	0	7	13

TIME DISTRIBUTION							
BY PROJE CT	Reg	Hol	Vac	Sick	Other Hours	Other Code	Total Hours
2301TU EXP	1	0	0	0	0	1	2
Total Time Distributi on	1	0	0	0	0	1	2

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's Signature/Date	Departmental Approval/Date

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