

Payroll Services

Form 1-5B 09/02/2015

Hourly Employee Time Record

EMPLOYEE NAME						EMP.	L ID													-	MA	IL-TO BOX #		
EMPLOYEE TITLE						DEPT				TITLE CODE PERIOD ENDING								TO BE PAID, EMPLOYEE AND SUPERVISOR MUST SIGN TIME RECORD.						
TIME R	ECOR	D PAID	ON	% (OF TIM	FTIME RATE				TIME RECORD DUE IN									TIME RECORDS MUST BE COMPLETED IN INK. SUPERVISOR MUST INITIAL					
Optional Departmental Use: MAX W/S ALLOWED WORKSTUDY BALANCE AS OF														ALL CHANGES IN INK. ACCURACY IS ESSENTIAL										
	TO TERMINATE A WORK STUDY APPOINTMENT PLEASE FORWARD A SEPARATION FORM TO HUMAN RESOURCES.																				Regular Hours Worked Hours Absent with Pay			
DAY																						Subtotal		
DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	(SUBTOTAL SHOULD NOT EXCEED TOTAL HOURS APPOINTED)							
AM																						O/T Hours to be Paid		
PM																						S/T Hours to be Paid		
TOTAL																						Comp O/T Hours Earned		
DAY																						Comp S/T Hours Earned		
DATE																						Total Hours Reported		
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT								
AM																								
PM																								
TOTAL				1																				
I CERTIFY THAT THIS IS A CORRECT AND COMPLETE RECORD OF THE HOURS WORKED THIS PAY PERIOD. EMPLOYEE SIGNATURE:																								

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.