Name Organization Code UID <u>Instructions</u> Two Week Period Beginning (Sat) Ending (Fri) Str Week 2 Str Reg Prm Tot Prm Tot OT (033) OT <u>In/Out/Total Hrs</u> Hrs OT Hrs In/Out/Total Hrs Hrs OT Hrs (033) (034)(034)SAT SAT SUN SUN MON MON TUE TUE WED WED THU THU FRI FRI WEEK 1 TOTAL WEEK 2 TOTAL REG STR OT PRM OT TOT TOT PAY PERIOD TOTALS FOR PAY PERIOD PAYROLL NO.____ (Timekeeper use only) _ECLS _____ POSITION_ CLICK HERE FOR ONLINE HELP SUFFIX___ORGANIZATION___ENT'D___DATE_ I certify that hours worked as reported above are true and accurate in accordance with University policies & procedures. All work assignments for Federal Work and Employee Signature_ Date Study students have been performed in a satisfactory manner.

Supervisor Signature_

Date