

UNION COLLEGE BI-WEEKLY TIMESHEET

EMPLOYEE NO. |_|_|_|_|_|_|_|_|_|

EMPLOYEE NAME _____
LAST FIRST INITIAL

DEPARTMENT _____

ACCOUNT NO. |_|_|_|_|_|_|_|

HOURS WEEK ENDING ___/___/___

WEEK ENDING ___/___/___

SAT	SUN	MON	TUES	WED	THURS	FRI	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTALS
														_____ REGULAR
														_____ OVERTIME (050)
														_____ VACATION (070)
														_____ HOLIDAY (091)
														_____ SICK (080)
														_____ CTO HRS (083)
														*** CTO CODE

The hours reported accurately reflect the hours worked. Vacation hours paid before earned will be deducted from my final paycheck in accordance with policy.

CERTIFIED CORRECT

EMPLOYEE SIGNATURE

APPROVED

SUPERVISOR SIGNATURE

*** STATE CATEGORY FOR ANY CTO ABSENCE

- P - PERSONAL
- D - DEATH IN FAMILY
- M - MILITARY DUTY

- W - WINTER RECESS
- J - JURY DUTY
- C - COLLEGE MANDATED CLOSINGS

1/2004

*** REQUIRED FIELDS