

PERSONNEL ACTIVITY REPORT - BIWEEKLY PAID NON-EXEMPT EMPLOYEES

PERSONNEL ACTIVITY REPORT - BIWEEKLY PAID NON-EXEMPT EMPLOYEES																				
NAME											PUID		PERNR		ORG UNIT		PAY PD BEGIN DATE to PAY PERIOD END DATE			
Attendances/ Absences	A/A	Mon	Tue	Wed	Thu	Fri	Sat	Sun	WK 1 Total	Mon	Tue	Wed	Thu	Fri	Sat	Sun	WK 2 Total	TWO WEEK TOTAL		
Worked - Regular attendance	A																			
Vacation	V																			
Sick Leave - Employee	SE																			
Sick Leave - Family	SF																			
Holiday	H																			
Overtime	OT																			
GRAND TOTAL - All Attendance/Absences Reported																				

EFFORT DISTRIBUTION on Infotype 0027					
Company Code	Cost Center	Order	WBSE	Percent	Fund
PUR					
PUR					
PUR					
PUR					
PUR					
PUR					
PUR					

I, the undersigned employee, certify that all hours worked are reflected on this time card are correct, and no other unauthorized or unreported hours were worked.
I, the undersigned supervisor, certify both that the hours reported are accurate and complete, and the distribution of effort for the period is reasonable.

Employee

Supervisor

Please send completed form to your departmental Time Administrator