



# TIME REPORT

**FORMPR99**  
**08/13/09**

**Dept#** \_\_\_\_\_

**College Name** \_\_\_\_\_

Employee Name	Employee ID	Record #	Position #	Begin Date	End Date

*PLEASE REMEMBER TO CALCULATE OVERTIME ACCURATELY.*

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		TOTAL
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<b>REG</b> Regular Time																	
<b>VAC</b> Vacation																	
<b>SIC</b> Sick Leave																	
<b>Totals</b>																	

**Use the following earnings codes if necessary (refer to listing for additional codes):**

**OVT** – Overtime **HOT** – 1.5 Overtime **HOL**-Holiday **BRV**-Funeral Leave **JD**-Jury Duty **EMC**-Emergency Closing **IC**-Institutional Closing **LWO**-Leave without pay

\*Shift Differential is reported as a separate line item to equal all hours worked at shift rate.

Hours	Pay Rate	Amount	Position #	Account Number

I certify that the hours entered above are the hours worked by me in this payperiod.

Employee's Signature: \_\_\_\_\_

I certify that the hours entered above are the hours worked in the payperiod by the above named employee. Supervisor's Signature: \_\_\_\_\_