

Form BA99 July 1, 1999

Employee's Name		Dept #				College Name			l	Position #			KCTCS TIME REI				
		Employee's ID			Social Security #				-				Begin Date		End Date		
LEASE REMEMBER	TO CAL	CULATE	OVERT	IME ACC	URATE	LY											
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
REG Regular Time																	0.00
VAC Vacation Time																	0.00
SIC Sick Leave																	0.00
CMP Comp Taken																	0.00
OVT 2.5 above 37.50																	0.00
HOT Overtime Paid																	0.00
HOL Holiday																	0.00
LWO Leave W/Out Pay																	0.00
BOO Comp Earned																	0.00
IC																	0.00
																Totals	0.00
Jse the following ea OT-1.5 Overtime ummary Data for bi-r Hours	JD-Jury D	Outy Eayperiod.	MC-Eme	ergency			stitution			er		1				•	
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certify that the hours e	ntered bov	e are the	hours wo	rked by n	ne in this	payperio	d.						Emplo	yee's Si	gnature:		
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certity that the hours e	ntered abo	ve are the	e nours w	orkea in 1	ine paype	rioa by th	ie aboved	named e	mpioyee.				Supervi	SULS 21	gnature:		