



Name: _____

Pay Period: _____

Employee Badge: _____

Assign: _____

Dept: _____

Scheduled Hours			Time Worked							Leave Taken				Daily Total	
Day	Date	Pay Code	In	Out		In	Out		In	Out	Leave Code	Hours Taken	Leave Code		Hours Taken
Mon					M										
Tue					E										
Wed					A										
Thu					L										
Fri															
Sat															
Sun															
1st week total															
Mon					P										
Tue					E										
Wed					R										
Thu					I										
Fri					O										
Sat					D										
Sun															
2nd week total															
2 week Total															

Leave Codes	Abbr.
Bereavement	BR
Jury Duty	JD
LWOP Reg	LWOP
Personal Holiday	PH
Sick Employee	SE
Sick Family	SF
Vacation	V
Witness	W

Requires Prior Approval from Leave Administration

Leave Codes	Abbr.
FMLA Sick Emp	FSE
FMLA Sick Fam	FSF
FMLA Vac Emp	FVE
FMLA Vac Fam	FVF
FMLALWOP Emp	FE
FMLALWOP Fam	FF
LWOP SDI	SDI
Maternity - LWOP	ML
Maternity - Sick	MS
Maternity - Vacation	MV
Military Pay	MP
Other Paid Leave	OPL
Reg Disab LWOP	RDL
Reg Disab Sick	RDS
Reg Disab Vac	RDV

Pay Codes	Abbr.
Call Back	CB
Double-time	DT
Holiday Worked	HO/W
Hourly Wage	HrWg
Make Up Time	MUT
Overtime	OT
Shift Grave	SG
Shift Swing	SS
Temp Lead	TL

LABOR DISTRIBUTION					
Pay Code	Start	End	Project / Task / Award	Hrs	%

NPR (Not Previously Reported/Paid)				
Date	Code	In	Out	Hours
Total				
Grand Total (2 week Total + NPR)				

Prior Periods Pay/Leave Code Change			
Date	From: Code	To: Code	Hours

Employee Signature _____

Supervisor Signature _____

The foregoing percentages of Salaries & Wages have been reviewed and are reasonably consistent with work performed during the Bi-Weekly pay period.