



INTRA-DEPARTMENTAL Employee Time Record (Bi-weekly)

Employee Name	Last First MI
Social Security Number	
Pay Period Begin/End Dates	

This form is for departmental use only. Do not submit to the Business Office.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Regular															
Holiday															
Annual															
Sick															
Leave W/O Pay															
Comp Time Taken															
Other															
TOTALS															

REQUEST TO WORK: (1) Overtime (2) Compensatory Time

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Overtime															
Comp Time Earned															

I certify that the above time record is accurate to the best of my knowledge.

Employee Signature	Date
Supervisor Signature	Date