

Bi-Weekly Time Report

Minnesota State University

PLEASE TYPE OR USE BLACK INK ONLY (NO PENCIL) AND PRINT ON WHITE PAPER.

CLASSIFIED

UNCLASSIFIED

Last Name, First Name (Please Print)

Payroll ID Number

Bargain Unit

Mail Code

Exempt

Non-Exempt

DUE IN HR(WA336) NO LATER THAN 10:00 AM THE LAST TUESDAY OF THE PAY PERIOD.

Instructions: Exempt employees report **IN HOURS** only vacation, sick leave, holidays, other leave taken.
Non-Exempt employees report all hours worked and leave taken.

Pay Period Dates: _____ through _____

Day Date		W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	Total Hours
Regular Hours Worked	REG															
Shift Differential	S65															

Vacation Leave Taken	VAC															
Sick Leave Taken	SIK															
Holiday Taken	HOL															
Floating Holiday Taken	FLH															
Compensatory Time Taken	CT1															
Unpaid Leave																
* Other _____																

Holiday Worked																
Overtime (cash)																
Compensatory Time Earned																

* Other Codes	
JDY - Jury Duty	LOA - Unpaid Leave of Absence
MIL - Military Leave	PERS - Personal Leave
FML - Family Medical Leave	LWO - Voluntary Reduction in Hours (Authorization letter required)

Eligible Exempt Employees Only (Refer to your specific Bargaining Unit or Personnel Plan)

The overtime/comp time was a prior approved special project. Overtime will NOT be paid if this box is NOT checked.

Employee: I have fulfilled my employment obligations.

Supervisor: I verify and approve the above hours.

Employee Signature Date

Supervisor Signature Date