Reset

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*

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: 10/28/2009 **through** 11/10/2009

You must click off of the date field to clear any holidays (H) in the fields below.

Day / *Date*		W 10/28	Th 10/29	F 10/30	Sa 10/31	Su 11/1	M 11/2	T 11/3	W 11/4	Th 11/5	F 11/6	Sa 11/7	Su 11/8	M 11/9	T 11/10	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 LWO - Voluntary Reduction in Hours (Authorization letter required)
FML - Family Medical Leave

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.

Employee Signature *Date*

Supervisor: I verify and approve the above hours.

Supervisor Signature *Date*