

Week 1

Period End Date _____
 Employee or Badge # _____
 Pay Rate _____
 Employee Name _____

ACCOUNT NUMBER

Entity	Department	Object	FEC	Project	Program
					00000

Day	MM/DD/YY	In	Out	In	Out	*Pay Code	Total <i>Decimal</i>
FRI							
SAT							
SUN							
MON							
TUE							
WED							
THU							

*Pay Code: use for non-work hours; i.e. SICK, VAC, HOL, etc. **Weekly Total**

Week 2

Period End Date _____
 Employee or Badge # _____
 Pay Rate _____
 Employee Name _____

ACCOUNT NUMBER

Entity	Department	Object	FEC	Project	Program
					00000

Day	MM/DD/YY	In	Out	In	Out	*Pay Code	Total <i>Decimal</i>
FRI							
SAT							
SUN							
MON							
TUE							
WED							
THU							

*Pay Code: use for non-work hours; i.e. SICK, VAC, HOL, etc. **Weekly Total**

Supervisor's signature certifies that designated employee performed the designated work and allocation of hours reasonably reflects the effort expended on the activity designated by the account.

	Signature	Date
Employee		
Supervisor		