# R.I.T. Time Sheet

Period End Date _____ Employee ID #r _____
Week Number **1**
Badge # _____

Name _____

| Entity | Department | Object | Func Exp | Project | Program |
|---|---|---|---|---|---|
| | | | | | |

| Date | In | Out | In | Out | Pay Code* | No. of Hours | Daily Total |
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| | | | | | | Weekly Total | |

*Pay Code: S = Sick, V= Vacation
E= Excused with pay, F= Funeral, H= Holiday

Please circle the appropriate description

| | |
|---|---|
| Workers' Comp, Disability | Hours |
| Gratuity, Stipend, $ Differential | Dollars |

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

| | Signature | Date |
|---|---|---|
| Employee | | / / |
| Supervisor | | / / |

# R.I.T. Time Sheet

Period End Date _____ Employee ID # _____
Week Number **2**
Badge # _____

Name _____

| Entity | Department | Object | Func Exp | Project | Program |
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| Date | In | Out | In | Out | Pay Code* | No. of Hours | Daily Total |
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| | | | | | | Weekly Total | |

*Pay Code: S = Sick, V= Vacation
E= Excused with pay, F= Funeral, H= Holiday

Please circle the appropriate description

| | |
|---|---|
| Workers' Comp, Disability | Hours |
| Gratuity, Stipend, $ Differential | Dollars |

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

| | Signature | Date |
|---|---|---|
| Employee | | / / |
| Supervisor | | / / |