State of Utah Bi-Weekly Time Sheet

NAME: 
ORG: 
DIST COD: 
WORK SCHEDULE: 
EIN: 
FLSA: 
PAY PERIOD END DATE: 
WORK GROUP: 
FUND: 

<table>
<thead>
<tr>
<th>A/A TYPE</th>
<th>UNIT</th>
<th>APPR UNIT</th>
<th>ACTV</th>
<th>FUNC</th>
<th>PHASE</th>
<th>SAT</th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>WEEK 1 TOTAL</th>
<th>SAT</th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>WEEK 2 TOTAL</th>
<th>PERIOD TOTAL</th>
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<td>WORKED *</td>
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A - ANNUAL 
S - SICK 
C - COMP 
X - EXCESS 
V - CV SICK 

DAILY TOTAL

FD CODE

ONCALL HRS

SHIFT CODE

APPROVAL

Employee Signature: ___________________________ Date: __________

Approval: ___________________________ Date: __________

By Signing this time sheet, I verify that the above reported hours worked and absences recorded are accurate for this pay period.

*Hours worked are defined by Federal and State Law. For further clarification, see State DHRM Rules for FLSA time Reporting Requirements

ABSENCE TYPES

A=ANNUAL 
AF=ANNUAL FMLA 
AS=ANNUAL/SICK EXCH 
C=COMP 
N=LWO – NO ACCRUAL 
NA=LWOP – ARMED SVCS 
NF=LWOP FAMILY/MED 
NM=LWOP MEDICAL 
OA=OTHER ADMIN 
OD=OTHER DISASTER 
OE=OTHER EMERGENCY 
OJ=OTHER JURY DUTY 
OM=OTHER MILITARY 
OO=OTHER ORGAN DONOR 
OP=OTHER PROTECTED 
OR=OTHER REWARD 
OS=OTHER STUDENT 
S=SICK 
SD=SICK/DEPENDENT 
SF=SICK/FMLA 
SI=SICK INDUSTRIAL 
V=CONVERTED SICK LEAVE 
VF=CONV. SICK/FMLA 
X=EXCESS 
XF=EXCESS/FMLA 
Y=LWOP WITH ACCRUAL 
YF=LWOP FURLough 
YI=LWOP INDUSTRIAL

HR USE ONLY

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