State of Utah Bi-Weekly Time Sheet

NAME: EIN: PAY PERIOD END DATE:

ORG: DIST COD WORK SCHEDULE: FLSA: WORK GROUP: FUND:

A/A TYPE	UNIT	APPR UNIT	ACTV	FUNC	PROG	PHASE	SAT	SUN	MON	TUE	WED	THU	FRI	WEEK 1 TOTAL	SAT	SUN	MON	TUE	WED	THU	FRI	WEEK 2 TOTAL	PERIOD TOTAL
WORKED *																							
A - ANNUAL																							
S - SICK																							
C - COMP																							
X - EXCESS																							
V- CV SICK																							
DAILY TOTAL																							
FD CODE																							
ONCALL HRS																							
SHIFT CODE																							
APPROVAL																					HRHR		HR USE

Employee Signature: _____ Date: _____

Approval: _____ Date: _____

HR USE ONLY

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