Reset Form

NON-EXEMPT

TIME SHEET FOR BI-WEEKLY PAYROLL

UNIVERSITY OF ALASKA

OVERRIDE DISTRIBUTION	PAY NO	PAYPERIOD ENDING DATE	EMPLOYEE NAME (LAST, FIRST, MID.)	EMPLOYEE ID	TK. LOCATION

												WEEK ONE							WEEK TWO						
ECLS	EC.	TOTAL HOURS	ASSIGN. MAX. HRS.	DIST. OF PAY	FUND	ORG.	ACCT	PROG	ACTV	PCN.	SUF	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
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OVERRIDE LABOR DISTRIBUTION_____ OVERRIDE GENERATED PAY_____

WHEN CLAIMING LEAVE AND/OR OVERTIME PLEASE INDICATE EARNINGS CODE IN THE APPROPRIATE BOXES ABOVE

_____
EMPLOYEE SIGNATURE

LEAVE EARNINGS CODE

400 - HOLIDAY LEAVE
420 - PERSONAL HOLIDAY
440 - JURY DUTY
450 - MILITARY LEAVE

500 - ANNUAL LEAVE
550 - SICK LEAVE
601 - FAMILY MEDICAL LEAVE
621 - WORKER'S COMP
651 - LEAVE WITHOUT PAY

300 - OVERTIME
305 - OVERTIME - STUDENT
320 - SHIFT DIFFERENTIAL

_____
SUPERVISOR SIGNATURE

ORIGINAL: REGIONAL PAYROLL

The above signatures certify actual hours worked or authorized leave taken on the days specified.