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 PLEASE INDICATE EARNINGS CODE IN THE APPROPRIATE BOXES ABOVE

LEAVE EARNINGS CODE

400 - HOLIDAY LEAVE
420 - PERSONAL HOLIDAY
440 - JURY DUTY
500 - ANNUAL LEAVE
550 - SICK LEAVE
651 - LEAVE WITHOUT PAY
320 - SHIFT DIFFERENTIAL
321 - SHIFT DIFFERENTIAL WORK PAY

_____
EMPLOYEE SIGNATURE

_____
SUPERVISOR SIGNATURE

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