UNION COLLEGE BI-WEEKLY TIMESHEET

EMPLOYEE NO. |__|__|__|__|__|__|__| **EMPLOYEE NAME** _____
LAST FIRST INITIAL

DEPARTMENT_____ ACCOUNT NO. |__|__|__|__|__|

HOURS WEEK ENDING ____/____/____ WEEK ENDING ____/____/____

SAT	SUN	MON	TUES	WED	THURS	FRI	SAT	SUN	MON	TUES	WED	THURS	FRI

TOTALS

|_____| **REGULAR**

|_____| **ADD'L HRS(040)**

|_____| **OVERTIME (050)**

|_____| **VACATION (070)**

|_____| **HOLIDAY (091)**

|_____| **SICK (080)**

|_____| **CTO HRS**

*****CTO CODE**

The hours reported accurately reflect the hours worked. Vacation hours paid before earned will be deducted from my final paycheck in accordance with policy.

CERTIFIED CORRECT _____
EMPLOYEE SIGNATURE

APPROVED _____
SUPERVISOR SIGNATURE

***** STATE CATEGORY FOR ANY CTO ABSENCE**

P-PERSONAL (083) **D-DEATH IN FAMILY (085)** **C-COLLEGE MANDATED CLOSING (086)**
J-JURY DUTY (087) **M-MILITARY DUTY (088)** **W-WINTER RECESS (090)** **L-LEAVE W/PAY (092)**
V-NYPFL VAC (095) **S-SICK NYPFL (082)** **PL-NYPFL PERSONAL (081)** **1/2018**