

UNION COLLEGE BI-WEEKLY TIMESHEET

EMPLOYEE NO. |__|__|__|__|__|__|__|

EMPLOYEE NAME _____
 LAST FIRST INITIAL

DEPARTMENT _____

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

PERIOD ENDING __/__/____

SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	TOTALS
														REGULAR
														ADD'L HRS (040)
														OT (050)
														VACATION (070)
														HOLIDAY (091)
														SICK (080)
														CTO HRS (083)
														CTO CODE*
														SHIFT DIFF (55)

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

If you are electronically submitting this form, put your electronic signature by marking the box and typing your name below. In doing so you are hereby consenting and accepting this to constitute your signature, acceptance and agreement as if it was actually signed by you in writing.

CERTIFIED CORRECT _____
 EMPLOYEE SIGNATURE

APPROVED _____
 SUPERVISOR SIGNATURE

***CATEGORIES FOR CTO ABSENCE**

- | | | | |
|-------------------|-------------------------|-------------------------------|------------------------|
| P-PERSONAL (083) | D-DEATH IN FAMILY (085) | C-COL. MANDATED CLOSING (086) | CV-COVID-19 PAY (100) |
| J-JURY DUTY (087) | M-MILITARY DUTY (088) | W-WINTER RECESS (090) | CS-COVID-19 SICK (103) |
| V-NYPL VAC (095) | S-NYPL SICK (082) | PL-NYPL PERSONAL (081) | L-LEAVE W/PAY (092) |
| | | | DD-DISC DAY (078) |