

UNIVERSITY OF TULSA
Two-Week Time Report for Staff

10/13/2003

LAST NAME	FIRST NAME	PERIOD STARTING	
DATATEL ID NUMBER	DEPARTMENT NUMBER	EXTENSION NUMBER	PERIOD ENDING

FIRST WEEK																			
DAY	IN	OUT	IN	OUT	IN	OUT	HOURS WORKED	HOLIDAY	SUMMER	JURY DUTY	REGULAR	OVERTIME	VACATION	SICK	FLOAT	FMLA	FUNERAL	PAID HOURS	
SUN.																			
MON.																			
TUES.																			
WED.																			
THURS.																			
FRI.																			
SAT.																			
COMMENTS, OR IF FUNERAL LEAVE, SHOW RELATIONSHIP OF DECEASED:								TOTAL HOLIDAY HOURS	TOTAL SUMMER	TOTAL JURY DUTY	TOTAL REGULAR	TOTAL OVERTIME	TOTAL VACATION	TOTAL SICK	TOTAL FLOAT	TOTAL FMLA	TOTAL FUNERAL	TOTAL PAID HOURS	

SECOND WEEK																			
DAY	IN	OUT	IN	OUT	IN	OUT	HOURS WORKED	HOLIDAY	SUMMER	JURY DUTY	REGULAR	OVERTIME	VACATION	SICK	FLOAT	FMLA	FUNERAL	PAID HOURS	
SUN.																			
MON.																			
TUES.																			
WED.																			
THURS.																			
FRI.																			
SAT.																			
COMMENTS, OR IF FUNERAL LEAVE, SHOW RELATIONSHIP OF DECEASED:								TOTAL HOURS WORKED	TOTAL HOLIDAY HOURS	TOTAL SUMMER	TOTAL JURY DUTY	TOTAL REGULAR	TOTAL OVERTIME	TOTAL VACATION	TOTAL SICK	TOTAL FLOAT	TOTAL FMLA	TOTAL FUNERAL	TOTAL PAID HOURS

I certify that the following is a correct statement of the time worked during the week indicated							TWO WEEK WORKED	TWO WEEK HOLIDAY	TWO WEEK SUMMER	TWO WEEK JURY DUTY	TWO WEEK REGULAR	TWO WEEK OVERTIME HOURS	TWO WEEK VACATION HOURS	TWO WEEK SICK	TWO WEEK FLOAT	TWO WEEK FMLA HOURS	TWO WEEK FUNERAL LEAVE HOURS	TWO WEEK TOTAL PAID HOURS	
EMPLOYEE'S SIGNATURE						DATE PREPARED													
SUPERVISOR'S SIGNATURE						DATE APPROVED													

ALL TIME WORKED AND ALL ABSENCES MUST BE ACCURATELY REPORTED. FALSIFICATION OF TIME REPORT IS JUSTIFICATION FOR DISCIPLINARY ACTION.

RETURN TO PAYROLL BY NOON ON MONDAYS FOLLOWING THE END OF THE TWO WEEK PAY PERIOD