State of Utah Bi-Weekly Time Sheet

NAME:								IN:		PAY PERIOD END DATE:								
ORG:	D	IST COD)	WORK SCHEDULE:			FL	SA:		W	VORK GR	OUP:		COMP/OT:				
A/A TYPE	SAT	SUN	MON	TUE	WED	THU	FRI	WEEK 1 TOTAL	SAT	SUN	MON	TUE	WED	THU	FRI	WEEK 2 TOTAL	PERIOD TOTAL	
WORKED *																		
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A - ANNUAL																_		
S - SICK																		
C - COMP																		
X - EXCESS																		
V- CV SICK																		
DAILY TOTAL	,							1										
FD CODE							+											
ONCALL HRS																		
SHIFT CODE																1		
APPROVAL																1		
* Hours Worked are defined by Federal and State Law. For further clarification, see State					DHRM Ru	HRM Rules for FLSA time reporting Requirements.					HR USE ONLY							
By signing this	time sheet,	, I verify tl	hat the abo	ve reporte	ed hours w	orked and	absences	recorded a	re accurat	te for this J	pay period							
Employee Sign	nature:								Date:				_					
Approval:	_									·								
					ABSE	NCE TYP	'ES											
A Annual Leave		NF LW	NF LWOP-Family/Med		OM Oth	er-Military	,	SD Sick/Dependent			XF Excess/FMLA							
AF Annual/FMLA		NM LV	NM LWOP-Medical		OO Other-Organ			SF Sick/FMLA		Y	Y LWOP-With Accrual							
AS Annual/Sick Exh		OA Other-Admin		ı	OP Other-Protected		ted	SI Sick/Industrial		YF LWOP-Furlough								
C Comp Used		OD Other-Disaster		ter	OR Other-Reward		d	V Converted Sick			YI LWOP-Industrial							
N LWOP-No Accrual		OE - Other-Emergency		rgency	OS Other-Student		ıt	VF Conv. Sick/FMLA										
NA LWOP-Armed Svcs		OJ Otl	OJ Other-Jury Duty		S Sick			X Excess										