

DAILY TIME RECORD

Pay Period:

05/16/15

05/03/15

End Date

7H855/Urology

Org. Unit/Dept Name

Patricia Foster

Employee Name

12132247

Person I.D. #

Placement Number	Wage Type	Week 2							2 Week Grand Total
		S	M	T	W	T	F	S	
	3700								0.00

Placement Number	Wage Type	Week 1							TOTAL
		S	M	T	W	T	F	S	
	3700		8.0	8.0	8.0	8.0	8.0	8.0	

Patricia A. Foster

Employee Signature (Required)

I certify that the hours entered are the hours worked in the pay period by me in this pay period.

SUPERVISOR SECTION

Pete Rogers (218-4951)

Print Supervisor Name (Required)

Phone #

Supervisor Signature (Required)

I certify that the hours entered are the hours worked in the pay period by the above named employee.

Absence Codes	
AA	Illness
BB	Personal
CC	Unknown
DD	Family Emergency
EE	Accident on Job
FF	Other

Wage Type	
3570	RESPONSE PAY
3700	HOURS WORKED
3710	COMPENSATORY OVERTIME-1.5
3720	STEPS AWARD
3730	STEPS - WORKER'S COMP
3740	STEPS - DIFF EVENING SHIFT
3745	STEPS - DIFF NIGHT SHIFT
3750	STEPS - DIFF WEEKEND DAY
3755	STEPS - DIFF WEEKEND EVENING
3760	STEPS - DIFF WEEKEND NIGHT
3765	STEPS - ON CALL

Account Number	ORDER #	FUND #	HRS