UIC

DAILY TIME REPORT

FOR TWO WEEK PERIOD

BEGIN	END

Please read instructions on back of report before filling out.

Employee Name Printed (last name first)	Department	Section or Unit

Conversion chart for minutes to tenths of hours.

1–2 min.– .0	15–20 min.– .3	33–38 min.– .6	51–56 min.– .9
3–8 min.– .1	21–26 min.– .4	39–44 min.– .7	57–60 min.– 1.0
9–14 min.– .2	27–32 min.– .5	45–50 min.– .8	

Descriptions and codes for paid absences.

F–funeral leave	V–vacation and personal leave
J–jury duty	S–sick leave
M–military leave	O–other paid absence

Account Number or Description of Paid Absence	Code for abs. Hrs.	Totals		Sun.		Mon.		Tues.		Wed.		Thurs.		Fri.		Sat.	
		Hrs.	Prem.	Hrs.	Prem.	Hrs.	Prem.	Hrs.	Prem.	Hrs.	Prem.	Hrs.	Prem.	Hrs.	Prem.	Hrs.	Prem.
		0.0	0.0														
		0.0	0.0														
		0.0	0.0														
		0.0	0.0														
		0.0	0.0														
Floating Holiday	O	0.0	0.0														
Paid Vacation and Personal Leave	V	0.0	0.0														
Paid Sick Leave	S	0.0	0.0														
Totals for First Week		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Account No. or Description	Code	Totals		Sun.		Mon.		Tues.		Wed.		Thurs.		Fri.		Sat.	
		0.0	0.0														
		0.0	0.0														
		0.0	0.0														
		0.0	0.0														
		0.0	0.0														
Floating Holiday	O	0.0	0.0														
Paid Vacation and Personal Leave	V	0.0	0.0														
Paid Sick Leave	S	0.0	0.0														
Totals for Second Week		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		Totals		Sun.		Mon.		Tues.		Wed.		Thurs.		Fri.		Sat.	

Additional Payments (to be completed by department)

REASON	Week Code	Amount

This time report must be signed by both the employee and the person authorized by the department to sign time reports.

Employee Signature
Departmental Approval

This report must be kept for a period of four years by the department.

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SEE INSTRUCTIONS ON REVERSE SIDE

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Reset Form