

DEPT
 NAME
 ID NUMBER
 POSITION
 EMPLOYEE CLASS



UNIVERSITY
 OF HARTFORD

Payroll Id: Payroll No:

Pay Period Ending:

Due to Payroll on:
 by 9:00 a.m.

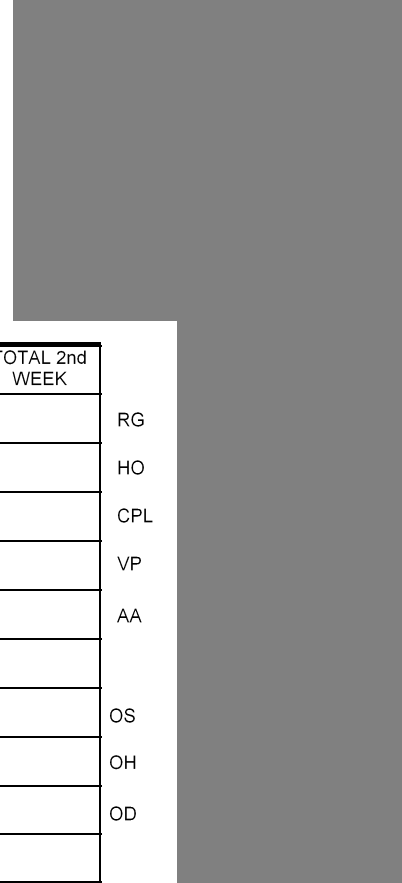
Time Report Summary

Thru

Thru

PAYROLL USE ONLY

	MON	TUES	WED	THUR	FRI	SAT	SUN		MON	TUES	WED	THUR	FRI	SAT	SUN	
IN																
OUT																
IN																
OUT																
IN																
OUT																
SHIFT								TOTAL 1st WEEK								TOTAL 2nd WEEK
REGULAR																
HOLIDAY																
COMP. PAID LEAVE																
VACATION																
ATTENDANCE AWARD																
OTHER																
OT STRAIGHT TIME																
OT TIME & HALF																
DOUBLE TIME																
TOTAL HOURS																



RG
 HO
 CPL
 VP
 AA
 OS
 OH
 OD

Labor Distribution

The law and policy require that you record the exact time you start work, (in), and stop work, (out), except for paid breaks.

Please account for all hours for each day.

Time sheet must be signed by employee and supervisor.

I hereby certify that the above information is accurate and correct.

 Employee's Signature Date

 Supervisor's Signature Date

 Supervisor's printed name Extension

* * * REPORT CONTROL INFORMATION * * *

Parameter Name	Value	Source	Message
Parameter Seq No:	32834		
Payroll Year:	2006	Default	
Payroll Id:	B4	Default	
Payroll Number:	19	Default	

Pay Period Start Date: 04-SEP-2006

Pay Period End Date: 17-SEP-2006

Record Count: 1

Line Count: 55