

Armstrong Atlantic State University

Bi-weekly Timesheet

Name:	SSN:
Department:	Employee ID:
Pay End Date:	Pay Group: B06 Bi-weekly Employee w/Benefits

Week 1 Begin Date: 1/0/00

Sat	Sun	Mon	Tues	Wed	Thur	Fri	Entering Code	TOTALS
							REG	0.0
							SICK	0.0
							VAC	0.0
							HOL	0.0
							OTHER	0.0
WEEKLY TOTAL								0.0

Week 2 Begin Date: 1/0/00

Sat	Sun	Mon	Tues	Wed	Thur	Fri	Entering Code	TOTALS
							REG	0.0
							SICK	0.0
							VAC	0.0
							HOL	0.0
							OTHER	0.0
WEEKLY TOTAL								0.0

REG - Includes all hours actually worked per day. This includes overtime hours.

*Signed leave request slips should always accompany timesheet for any sick/vacation time taken during pay period and coincide with hours shown above.

*All timesheets must be signed and dated by employee and Supervisor.

*ONLY BLUE OR BLACK INK WILL BE ACCEPTED. **No** white out, strike overs or unauthorized markings.

***COMPLETED ORIGINAL TIMESHEETS ARE DUE NO LATER THAN 12:00 NOON THE 2ND FRIDAY OF THE REPORTING PERIOD**, unless otherwise directed.

The above information is a true statement of hours worked in the pay period indicated

Employee Signature

Date

Supervisor's Signature

Date