INSTAAR
BIWEEKLY EMPLOYEE WORK RECORD

Employee Name:_____ Employee HRMS ID:_____

Supervisor: _____ Dept. Phone: _____

Payrate: _____ Pay Period Ending: _____

Accounting Tech: ☐ Mary ☐ Sedrick ☐ Kathy ☐ Keir

DATES								Week 1
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AM Time In								
AM Time Out								
PM Time In								
PM Time Out								
								Total Hours
TOTAL								

DATES								Week 2
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AM Time In								
AM Time Out								
PM Time In								
PM Time Out								
								Total Hours
TOTAL								

TWO WEEK TOTAL HOURS:_____

Certification: I understand my job classification is eligible for overtime and/or compensatory time payment. These payments will be made at the rate of one and one-half time my annualized hourly rate. I agree to work overtime or compensatory time only with advance approval of my supervisor. Failure to receive advance approval for overtime or compensatory time worked may result in a corrective or disciplinary action which may include termination of University employment.

I certify hours and minutes shown herein are a complete and accurate record of time worked each day and for the reporting period. All leave taken and/or overtime earned or taken as compensatory time was reported and approved by my supervisor.

Employee's Signature_____Date_____

Supervisor's Signature_____

HRMS Entered by:_____

Date:_____