

**Frostburg State University
Payroll & Employee Services
Contractual Positive Time Report**

NAME: _____

PAY PERIOD

DEPARTMENT: _____

BEGIN: _____

EMPL ID: _____

END: _____

1. Complete this bi-weekly positive time report accounting for every day by using one of the following codes:
 D -- Required duties were performed that day
 X -- Authorized weekend or non-work day
2. Upon completion, forward this form to your Supervisor for approval.

Week # 1

	Date	Code
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Monday		
Tuesday		

Week # 2

	Date	Code
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Monday		
Tuesday		

EMPLOYEE SIGNATURE: _____ DATE: _____

_____ Employee has met the terms of his/her contract for this period -- Payment Authorized

_____ Employee has terminated employment or did NOT meet the terms of his/her contract for this period. Supervisor must notify Payroll that payment is NOT authorized.

Signature: _____ Date: _____
Supervisor