

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

NAME: _____
DEPARTMENT: _____
EMPL ID: _____

PAY PERIOD

BEGIN: _____

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 Department Chair 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: _____

Department Chair