

FROSTBURG STATE UNIVERSITY

EXEMPT CONTINGENT CATEGORY II -- TIME REPORT

Name: _____

Pay Period Begin Date: _____

Department: _____

Pay Period End Date: _____

Empl ID: _____

1. Complete this bi-weekly positive time report. Account for every day by using one of the following codes:

D - Required duties were performed that day

S - Sick Leave

H - Holiday

X - Authorized weekend or non-work day

A - Annual Leave

UC - University Closed

2. Upon completion, forward this form to your supervisor for approval. Supervisors -- please forward to Payroll no later than 11:00 a.m. the day following the pay period ending date.

Week # 1

Week # 2

	Date	Code
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Monday		
Tuesday		

	Date	Code
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Monday		
Tuesday		

PS Number: _____

Biweekly Rate: _____

EMPLOYEE
SIGNATURE: _____
DATE

SUPERVISOR
SIGNATURE: _____
DATE

(To be completed by Employee)

Annual Leave Balance: _____ (days) Sick Leave Balance: _____ (days)