



The University of Georgia

# HOURLY

BIWEEKLY TIME RECORD



Pay Date \_\_\_\_\_

Distribution Code \_\_\_\_\_

RECORD OF HOURS

Account Number				Pay Period Ending Date				RECORD OF HOURS															
DO NOT CHANGE								WEEK ONE					WEEK TWO										
								Worked	Leave	Sick	Holiday	Misc	Worked	Leave	Sick	Holiday	Misc						
Employee Last Name (print)				First Name				Day															
UGAID (81X#)				Seq Number		Rec Forward		Thursday															
DO NOT CHANGE								Friday															
								Saturday															
Home Dept				Posn Short Title		Posn No.		Hourly Rate		Sunday													
										Monday													
										Tuesday													
										Wednesday													
										Total													
										Meal Code	No. Meal		Week 1 Work Hours		Leave Coded Hours	Sick Coded Hours	Holiday Coded Hours	Misc Coded Hours	Week 2 Work Hours	Leave Coded Hours	Sick Coded Hours	Holiday Coded Hours	Misc Coded Hours

This is an official time record of the University of Georgia. It must be retained and be readily available for audit and inquiry purposes.

Definitions and Instructions:

A time report must be completed and retained for all personnel covered (non-exempt) by Wage and Hour Law. Fill in Account Number, Pay Period Ending Information, Name, Last 4 Digits of SSN, Budget Position Information, Hourly Rate, Meal Code, and Number of Meals, on a blank sheet for new personnel not on the previous payroll.

Hours Worked - The total time actually worked, including regular hours and overtime. "Break time" is work time, meal periods are not. Time should be reported to the nearest tenth of an hour, i.e., 8.0, 4.5, 2.2, etc.

Coded Hours - a record of absences for which wage payments are authorized. Report the coded hours under the appropriate columns. The weekly total of coded time cannot exceed 40 hours. Coded hours should be reported in one of the following categories.

- Paid Annual Leave
- Paid Sick Leave
- Paid Holiday Leave

- Miscellaneous Paid Absence:
- J-Jury Duty
  - V-Voting
  - I-Inclement Weather, UGA designated Emergency
  - P-Physical Exam
  - M-Military Duty

\_\_\_\_\_  
 Employee's Signature  
*Total hours were worked as indicated.*

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor's Signature  
*Total hours were worked as indicated.*

\_\_\_\_\_  
 Date