COLLEGE *for* Creative STUDIES

HOURLY EMPLOYEE WORK SCHEDULE (BIWEEKLY PAY SCHEDULE)

Name (Print) _____ Employee ID or Student ID _____ Period Begin Date _____ Period End Date _____

Department & Position Title _____ Budget Center Number (XXXX) _____

Please select position: ◯ Hourly ◯ Model ◯ Work Study

		HOURS WORKED					HOURS OFF	
DATE	DAY	START TIME	LUNCH START	LUNCH RETURN	END TIME	TOTAL HOURS WORKED	TOTAL HOURS OFF	*KEY
						0		
						0		
						0		
						0		
						0		
						0		
						0		
						0		
						0		
						0		
						0		
						0		
						0		
						0		
						0		
					TOTAL HOURS	0	0	0

***KEY** P = Paid Time Off B = Bereavement S = Short Term Disability J = Jury Duty F= FMLA H = Holiday

INSTRUCTIONS

DAILY:

1. Enter day, date, times you began work and times you ended work for the day. Enter your lunch start time and lunch return time.

2. Select hours to the nearest quarter hour (.25, .75, etc.).

3. All hours off must have a key* code indicated such as P for PTO day.

4. Total hours worked will calculate based upon the other fields

PAY PERIOD CUTOFF: The following are required before submission to payroll:

1. Employee must sign and date the form.

2. Employee's supervisor must sign and date the form.

WORK SCHEDULES ARE DUE IN ACCORDANCE WITH THE BIWEEKLY PAY SCHEDULE. ALL WORK SCHEDULES SHOULD BE EMAILED TO THE PAYROLL EMAIL (PAYROLL@COLLEGEFORCREATIVESTUDIES.EDU) IN ORDER TO BE PROPERLY PROCESSED.

I hereby certify that all information above is true and correct

Employee's Signature _____ Date _____

I approve the hours as recorded by this employee

Supervisor's Signature _____ Date _____