UNIVERSITY OF TEXAS ARLINGTON

Payroll Services

Hourly Employee Time Record

Form BF-P-F3
09/28/2021

EMPLOYEE NAME | EMPL ID | MAIL-TO BOX #

EMPLOYEE TITLE | DEPT | TITLE CODE | Select Pay Period | PERIOD ENDING - YEAR | PERIOD ENDING - MONTH

TIME RECORD PAID ON | % OF TIME | RATE | TIME RECORD DUE IN

Optional Departmental Use: MAX W/S ALLOWED | WORKSTUDY BALANCE | AS OF

TO TERMINATE A WORK STUDY APPOINTMENT PLEASE FORWARD A SEPARATION FORM TO HUMAN RESOURCES.

TO BE PAID, EMPLOYEE AND SUPERVISOR MUST SIGN TIME RECORD.

TIME RECORDS MUST BE COMPLETED IN INK.

SUPERVISOR MUST INITIAL ALL CHANGES IN INK.

ACCURACY IS ESSENTIAL

DAY																
DATE																
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
AM																
PM																
TOTAL																

						Regular Hours Worked
						Hours Absent with Pay
						Subtotal

(SUBTOTAL SHOULD NOT EXCEED TOTAL HOURS APPOINTED)

DAY																
DATE																
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
AM																
PM																
TOTAL																

						O/T Hours to be Paid
						S/T Hours to be Paid
						Comp O/T Hours Earned
						Comp S/T Hours Earned
						Total Hours Reported

I CERTIFY THAT THIS IS A CORRECT AND COMPLETE RECORD OF THE HOURS WORKED THIS PAY PERIOD.

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED