

Hourly Employee Time Record

EMPLOYEE NAME _____ EMPL ID _____ MAIL-TO BOX # _____

EMPLOYEE TITLE _____ DEPT _____ TITLE CODE _____ 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.