

Payroll Services
Weekly Employee Time Record

EMPLOYEE NAME	EMPLOYEE ID	Empl Record
DEPARTMENT	JOB TITLE/JOB CODE	
WEEK ENDING		

TO BE PAID, EMPLOYEE AND SUPERVISOR MUST SIGN TIME RECORD
TIME RECORDS MUST BE COMPLETED IN INK
SUPERVISOR MUST INITIAL ALL CHANGES IN INK

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

Total Hours

Regular Worked _____

Sick Leave _____

Vacation Leave _____

STCTS _____

OTCTS _____

Other _____

Total Reported _____

Straight earned _____

Overtime earned _____

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

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.