

**AgriLife Human Resources / Payroll**  
**Bi-Weekly Time Sheet**

|   |                            |                |  |                 |  |              |          |          |
|---|----------------------------|----------------|--|-----------------|--|--------------|----------|----------|
| 1. First Name   |                            | MI             | Last Name  |                 | 2. SSN or UIN  | 3. FLSA Code | 4. PIN # | 5. ADLOC |
| 6. 1st Week of Pay<br>Period Starting _____ Date _____  |                            |                |  |                 | 7. 2nd Week of Pay<br>Period Starting _____ Date _____ |              |          |          |
| 8. Week Day   | a. Hours Worked (ex. 4.25) | b. Coded Hours | Week Day   | a. Hours Worked | b. Coded Hours   |              |          |          |
| Thursday  |                            |                | Thursday   |                 |  |              |          |          |
| Friday  |                            |                | Friday   |                 |  |              |          |          |
| Saturday  |                            |                | Saturday   |                 |  |              |          |          |
| Sunday  |                            |                | Sunday   |                 |  |              |          |          |
| Monday  |                            |                | Monday   |                 |  |              |          |          |
| Tuesday   |                            |                | Tuesday  |                 |  |              |          |          |
| Wednesday   |                            |                | Wednesday  |                 |  |              |          |          |
| 1st Week Totals   | c.                         | d.             | 2nd Week Totals  | c.              | d.   |              |          |          |
| Employee's Signature. I certify that the hours reported on this form are true and correct & that the hours agree with leave I have requested on my LeaveTraq Acct.<br><br>_____ |                            |                | Supervisor's Signature. I certify that the hours reported on this form are true and correct to the best of my knowledge; that work times and absences are in accordance with System policy; and that I have verified the coded hours reported on this form agree with leave requested on this employee's LeaveTraq account.<br><br>_____ |                 |  |              |          |          |
| e. To OT Comp. Bank _____ x 1.5 = _____   |                            |                | e. To OT Comp. Bank _____ x 1.5 = _____  |                 |  |              |          |          |
| f. To Straight Comp. Bank _____   |                            |                | f. To Straight Comp. Bank _____  |                 |  |              |          |          |
| g. Total Hrs. Paid _____  |                            |                | g. Total Hrs. Paid _____   |                 |  |              |          |          |
| h. OT _____   |                            |                | h. OT _____  |                 |  |              |          |          |
| i. ST _____   |                            |                | i. ST _____  |                 |  |              |          |          |