STATE OF UTAH
BI-WEEKLY TIME SHEET

First Name: Mid Name: Last Name: EIN: Agency/Org/Dist: 710
Employee Group: Employee Subgroup: Pay Status: Work Schedule: U200 10 MTWH Pay Period End Date:
Default Charging Fund: 100 Agy: 710 Org Appr Unit: Act: Rp-Cat: Proj: Func: C/OT: C

A/A Type (See Below)	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Week 1 Total	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Week 2 Total	Pay Period Total
Work																	
A Annual																	
S Sick																	
C Comp Used																	
Daily Total																	
Shift Code																	
On-Call Hours																	
Approval Init																	
Optional Field																	

By signing this time sheet, I verify that the above reported hours worked and absences recorded are accurate for this pay period.

Employee Signature _____ Date _____

Approval _____ Date _____

This time sheet is to be filed in each department. This is a data entry document and should not be submitted to the Division of Finance.

A/A Type

ATTENDANCE TYPES
WORK Hours Worked*

ABSENCE TYPES

A	Annual Leave	NF	LWOP-Family/Med	OM	Other-Military	SF	Sick/FMLA	YF	LWOP-Furlough
AF	Annual/FMLA	NM	LWOP-Medical	OO	Other-Organ	SI	Sick/Industrial	YI	LWOP-Industrial
AS	Annual/Sick Exh	OA	Other-Admin	OP	Other-Protected	V	Converted Sick		
C	Comp Used	OD	Other-Disaster	OR	Other-Reward	VF	Converted Sick/FMLA		
CF	Comp/FMLA	OE	Other-Emergency	OS	Other-Student	X	Excess		
N	LWOP-No Benefits	OI	Other-Ind. (Troopers)	S	Sick	XF	Excess/FMLA		
NA	LWOP-Armed Svcs	OJ	Other-Jury Duty	SD	Sick/Dependent	Y	LWOP-Benefits		

SHIFT CODES

D1	Shift 1 (.30)
D2	Shift 2 (.60)
D3	Shift 3 (.90)
D4	Shift 4 (.45)
D5	Shift 5 (.75)
D6	Shift 6 (1.20)
D7	Shift 7 (1.80)

* Hours Worked are defined by Federal and State Law. For further clarification, see State DHRM rules for FLSA time reporting requirements.