SAMPLE MODIFIED 5/4-9 SCHEDULE #2

FERMI NATIONAL ACCELERATOR LABORATORY

Weekly Time Report

ID:

Mail To: SAMPLE EMPLOYEE #2-WEEKLY

Paygroup: WKY

Pay End Date: 7/15/2007

Dept: MS:

	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
IN	8:00	8:00	9:00	8:00	8:00			
OUT	5:30	5:30	5:30	5:30	12:00			
WORK HOURS	9.0	9.0	8.0	9.0	4.0			39.0
OTHER PAID HOURS			1.0					1.0
OTHER CODES			V					

LABOR DISTRIBUTION	Project	Task	Pct

COMMENTS	

This is a legal document. There should be no erasures or whiteouts. This form must be completed in ink. Note: The charge code data on this time sheet is subject to revision by completion of an effort report reflecting (on an annual basis) the actual effort distribution for the time worked during this time period.

I hereby certify that the time reported above represents a true statement	Employee Signature	Date: / /
Approver ID	Authorized Signature	Date: / /

NOTE: Not Valid without Supervisor Signature and ID

ACCOUNTING USE ONLY

MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL		Project	Task
								RGW		
								OTP		

Other Codes

A - Unexcused Absence without Pay
B - Excused Absence without Pay
D - Death in Family
DL - Disciplinary Leave without Pay
EC - Early Closing
EMR - Emergency Call-in
F - Floating Holiday
H - Holiday (1st Shift)
JD - Jury Duty
L - Leave without Pay
M - Military Service
PH - Pay for HRS Shown
O - Other (explain)
R - Day of Rest
S - Sick Leave (Non-Occupational Disability)
SC - Schedule Change
V - Vacation

rev: 05/06