

Lehman College *NON-EXEMPT* Bi-weekly Time Report

Employee's Name:				Social Security #:			Pay Period From:		To:	
Title:					Dept/Code:					
	DATE	IN	OUT	IN	OUT	LEAVE CODE	LEAVE HRS	TOTAL STRAIGHT HRS	REMARKS	
	Thurs									
	Fri									
	Sat									
	Sun									
	Mon									
	Tues									
	Wed									
						1ST WK TOTALS				
	Thurs									
	Fri									
	Sat									
	Sun									
	Mon									
	Tues									
	Wed									
						2ND WK TOTALS				
Grand total the sum of 1st and 2nd week										

LEAVE CODES:

A – Annual J – Jury Duty B – Bereavement M – Military Duty
H – Holiday U – Unscheduled Holiday S – Sick Day C – Comp

	Beginning Bal. Period	Earned	Taken	Bal. End of Period
Annual				
Comp				
Sick				
Unscheduled				

EMPLOYEE SIGNATURE **Date**

APPROVED: Supervisor's Signature **Date**