

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 HOURS	TOTAL STRAIGHT HRS	REMARKS
Thurs									
Fri									
Sat									
Sun									
Mon									
Tues									
Wed									
						1st Week Totals ⇨			
Thurs									
Fri									
Sat									
Sun									
Mon									
Tues									
Wed									
						2nd Week 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

June

	Beginning Bal. Period	Earned	Hrs Taken	Bal. End of Period
Annual				
Comp				
Sick				
U/H				

Employee Signature

Date

Approved: Supervisor's Signature

Date