FERMI NATIONAL ACCELERATOR LABORATORY

Weekly Time Report

ID:

Mail To:

Paygroup:

Pay End Date:

Dept: MS:

	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
IN								
OUT								
WORK HOURS								
OTHER HOURS								
OTHER CODES								

	Project	Task	Pct
LABOR DISTRIBUTION			
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: 02/08