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RESET FORM

UNIVERSITY OF IOWA

BIWEEKLY EMPLOYEE TIME RECORD
WORK-STUDY

Date format mm/dd/yyyy

Month/Day/Year
BGN
END

Name:	University ID:
Dept: Subdept:	Clsf:
	Hourly Rate:

MASTER FILE KEY

Fnd	Org	Dept	Sdept	Grt/Prog	Account			Fu	Cctr
					Inst	Org	Dept		

TOTAL HOURS WORKED

WEEK 1							
Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
_____.___	_____.___	_____.___	_____.___	_____.___	_____.___	_____.___	**0.0**
WEEK 2							
_____.___	_____.___	_____.___	_____.___	_____.___	_____.___	_____.___	**0.0**

SHIFT DIFFERENTIAL PAY

Second Shift (6 PM to 12 AM)		Third Shift (12 AM to 6 AM)	
Regular Hrs	Overtime Hrs	Regular Hrs	Overtime Hrs
_____.___	_____.___	_____.___	_____.___

INSTRUCTIONS:

1. Enter fractional hours in decimal form on a tenth of an hour basis.
   20 hrs = 20.0 20.75 hrs = 20.8 20.74 hrs = 20.7
2. Any change in the MASTER FILE KEY or Hourly Rate requires submission of a Change of Status Form before this time record can be processed for payment.
3. All time records must be signed by the departmental supervisor and in the Payroll Services by the Tuesday following the end of the biweekly period.

RESET FORM

I hereby certify that this time record is a true statement of the hours worked by this employee and that the work assigned has been performed in a satisfactory manner.

Signature of Employee

Signature of Departmental Supervisor