

Name: _____

7 Digit Employee ID: _____

Manager: _____

Period Start and End date: _____ to _____

Cost Center/PPGG #: _____

Time Off Request Types:

- Bereavement
- Vacation (Vac.)
- Sick
- Other-Unpaid (OU)
- Other-Paid (OP)
- Jury Duty (JD)
- Extended Winter Recess (WRE)
- Winter Recess (WR)
- Holiday

BI-WEEKLY TIME REPORT (MANUAL TIMESHEET)

Please Initial Please Initial
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MM/DD	Day	Health Assessment completed before start of shift? Y/N	In for Day AM/PM	Out AM/PM	In AM/PM	Out AM/PM	In AM/PM	Out AM/PM	I was provided all rest periods that am entitled to under USC policy.	I was provided all meal periods that I am entitled to under USC Policy.	Time Off Request Type (See table above)	Total Time Off Request Hours Only	On Call	
													In	Out
	Thurs													
	Fri													
	Sat													
	Sun													
	Mon													
	Tues													
	Wed													
	Thurs													
	Fri													
	Sat													
	Sun													
	Mon													
	Tues													
	Wed													

I certify that the hours recorded are an accurate record of hours worked and that I took the meal and rest periods I am entitled to by law.

Employee or Student Signature/Date

I certify that this time report is an accurate statement of hours worked.

Supervisor Signature/Date

- Non-Exempt Staff
- Student
- College Work Study

- Alternative Work Schedule
- Shift Differentials
- Overtime