

THE UNIVERSITY OF TEXAS AT AUSTIN
Official Time Report for Hourly Employees

PO-6 H
 Rev. 8-2004

Department DIIA Name (in full) Your name
 Subdivision NFAST Tex UT EID your EID
 Pay Period Beginning 02 16 08 Acct. # (leave blank)
(MO) (DAY) (YR) Pay Period Ending 02 29 08
(MO) (DAY) (YR)

Explanation	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat. 16	Sun. 17	Total Hours
WEEK 1								
Total Hours Actually Worked								
Absent Time *								
Total Hours Worked in Excess of 40 (Prior <u>Written</u> Approval is Required) _____ Authorized Compensatory Hours _____								
WEEK 2								
Total Hours Actually Worked	3	4	3	4				14
Absent Time *								
Total Hours Worked in Excess of 40 (Prior <u>Written</u> Approval is Required) _____ Authorized Compensatory Hours _____								
WEEK 3								
Total Hours Actually Worked	2	2	2	1				7
Absent Time *								
Total Hours Worked in Excess of 40 (Prior <u>Written</u> Approval is Required) _____ Authorized Compensatory Hours _____								
TOTAL HOURS FOR PAY PERIOD								21

CODE DESIGNATIONS: *Show appropriate hours and code for absent time as follows:

- | | | |
|---------------------------------|---|---|
| (A) - Accident Benefits (WCI) | (H) - Holiday-Paid | (S) - Sick Leave-Paid ** |
| (C) - State Compensatory Time | (J) - Jury Duty-Paid | (SLP) - Sick Leave Pool-Paid ** |
| (E) - Emergency Leave-Paid | (LW) - Leave of Absence Without Pay-Explain in Remarks ** | (V) - Vacation-Paid ** |
| (FH) - Floating Holiday-Paid ** | (MT) - Military Leave | (O) - Other Absences-Explain in Remarks |
- ** add an "F" to the absence code if you are using one of these absence types in conjunction with family medical leave (i.e., use VF for vacation-family medical leave)

Remarks:

I certify the above to be a true and correct accounting of all time worked and absent time.

Employee (Signature)

Your signature

Supervisor (Signature)

Coco's signature