

THE UNIVERSITY OF TEXAS AT AUSTIN

PO-6 H
Rev 4-05

**Official Time Report
FOR HOURLY EMPLOYEES**

DEPARTMENT _____ NAME (in full) _____

UT EID: _____

SUBDIVISION _____ ACCT. # _____

PAY PERIOD BEGINNING _____ PAY PERIOD ENDING _____
MONTH DAY YEAR MONTH DAY YEAR

Explanation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
WEEK 1	HRS / MINS	HRS / MINS	HRS / MINS	HRS / MINS	HRS / MINS	HRS / MINS	HRS / MINS	
Total Hours Actually Worked								

Total Hours Worked in Excess of 40 (Prior Written Approval Required) _____
 Authorized Compensatory Hours _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
WEEK 2	HRS / MINS	HRS / MINS	HRS / MINS	HRS / MINS	HRS / MINS	HRS / MINS	HRS / MINS	
Total Hours Actually Worked								

Total Hours Worked in Excess of 40 (Prior Written Approval Required) _____
 Authorized Compensatory Hours _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
WEEK 3	HRS / MINS	HRS / MINS	HRS / MINS	HRS / MINS	HRS / MINS	HRS / MINS	HRS / MINS	
Total Hours Actually Worked								

Total Hours Worked in Excess of 40 (Prior Written Approval Required) _____
 Authorized Compensatory Hours _____

Total Hours For Pay Period

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REMARKS:

Minutes:
 0.25 = 15 mins., 0.50 = 30 mins., 0.75 = 45 mins.



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