



TIME REPORT

FORMPR99
10/29/2012

Employee Name: Employee ID: Record #:	College Name: Hazard CTC Department : Position #:
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Year:
 Month:
 Pay Period: 1st 2nd
 Work Week: **Sunday - Saturday**

Pay Period: 02/01/2013 - 02/15/2013
PLEASE REMEMBER TO CALCULATE OVERTIME ACCURATELY

ERNCD	1 Fri	2 Sat	3 Sun	4 Mon	5 Tue	6 Wed	7 Thu	8 Fri	9 Sat	10 Sun	11 Mon	12 Tue	13 Wed	14 Thu	15 Fri		TOTAL
REG	7.50			7.50	7.50	7.50	7.50	7.50			7.50	7.50	7.50	7.50	7.50		82.50
OVT				0.50	2.00												2.50
HOT						0.50	0.50	0.50									1.50
VAC																	-
SIC																	-
HOL																	-
																	-
																	-
																	-
TOTAL	7.50	-	-	8.00	9.50	8.00	8.00	8.00	-	-	7.50	7.50	7.50	7.50	7.50	-	86.50
SD2																	-
SD3																	-

Worked Over 40 Hours in Work Week (Sun-Sat)

37.5 Regular hours for the work week

2.5 Hours from 37.5 to 40 hours in the work week (OVT)

1.5 Hours over the 40 hours to be paid at 1 1/2 rate (HOT)

41.5 Total hours for the work week

Earnings Codes:	
REG-Regular	BRV-Funeral Leave
OVT-Overtime	JD-Jury Duty
HOT-1.5 Overtime	EMC-Emergency Close
VAC-Vacation	LWO-Leave w/out Pay
SIC-Sick	SD2-2nd Shift Differential
HOL-Holiday	SD3-3rd Shift Differential
IC-Institutional Close	
*See Form PR99a for additional Earnings Codes.	

*Shift Differential is reported as a separate line item to equal all hours worked at shift rate.					
Code	Hours	Pay Rate	Amount	Position	Account Number

HOURS WORKED IN ONE WORK WEEK MAY NOT BE USED IN A SUBSEQUENT WORKWEEK.

I certify that the hours entered above are the hours worked by me in this pay period.

Employee's Signature: _____

I certify that the hours entered above are the hours worked in the pay period by the above named employee.

Supervisor's Signature: _____