TIME REPORT

KCTCS
HIGHER EDUCATION BEGINS HERE

Employee Name:	College Name: Hazard CTC
Employee ID:	Department :
Record #:	Position #:

Year: 2013 **Month:** May **Pay Period:** ○ 1st ● 2nd **Work Week: Sunday - Saturday**

Pay Period: 05/16/2013 - 05/31/2013 *PLEASE REMEMBER TO CALCULATE OVERTIME ACCURATELY*

ERNCD	16 Thu	17 Fri	18 Sat	19 Sun	20 Mon	21 Tue	22 Wed	23 Thu	24 Fri	25 Sat	26 Sun	27 Mon	28 Tue	29 Wed	30 Thu	31 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																	-
HOT																	-
VAC																	-
SIC																	-
HOL																	-
IC		7.50															7.50
																	-
																	-
TOTAL																	90.00
	7.50	7.50	-	-	7.50	7.50	7.50	7.50	7.50	-	-	7.50	7.50	7.50	7.50	7.50	90.00
SD2																	-
SD3																	-

> **Recording Leave Not Listed**
>
> 7.5   Hours of Institutional Closing

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: _____