



TIME REPORT

FORMPR99
10/29/2012

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

Year:
 Month:
 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 | | | | | 7.50 | | | | | | | | | | | | 7.50 |
| SIC | | | | | | | | | | | | | | | | | - |
| HOL | | | | | | | | | | | | | | | | | - |
| | | | | | | | | | | | | | | | | | - |
| | | | | | | | | | | | | | | | | | - |
| TOTAL | 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 Taken in the Work Week (Sun-Sat)

7.5 Hours of vacation leave taken during 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: _____