

Northern Arizona Council of Governments

Bi-Weekly Employee Timesheet and Activity Record

Employee Name (Print) _____

Position _____

Employee # _____

Department _____

Site _____

Pay Start _____ Pay End _____

Program Code	Pay/Leave Code	Total Hours
Totals		

Mon	Tue	Wed	Thur	Fri	Sat/Sun	Mon	Tue	Wed	Thur	Fri	Sat/Sun

Pay/Leave Codes:
 HR Hourly
 VAC Vacation
 SL Sick
 EL Emergency
 BD Birthday
 HL Holiday
 BL Bereavement
 JS Jury Duty
 FMLA Family Medical Leave
 LWOP Leave Without Pay

Record 1/2 hours as .50; record 15 minutes as .25

I hereby affirm that this record is a true and complete statement of my hours and work activities and give approval for payroll to enter my hours for me.

Employee Signature: _____

Date: _____

I hereby certify that the entries on this record represent an accurate statement of time and activity and authorize the hours reported to be processed for payment and the above activities to be charged.

Immediate Supervisor: _____

Date: _____