



OCONEE FALL LINE TECHNICAL COLLEGE EMPLOYEE WEEKLY TIME REPORT

(Revised 07/01/2011)

Work Week Beginning _____ and Ending _____

Employee's Name	Position Number	Employee ID
Department Name	Department Location	Project
CHECK ONE: This is a Regular Salaried Position <input type="checkbox"/> or Hourly Wage Position <input type="checkbox"/> .		

Employee must record time for each day worked and designate days absent as:

- DO - Day off
- AL - Annual Leave
- SL - Sick Leave
- FCT - FLSA Comp Time
- SCT - State Comp
- HL - Holiday Leave
- ML - Military Leave
- CL - Court Leave
- LWOP - Leave Without Pay
- UA - Unauthorized Absence
- AA - Authorized Absence

DATE	DAY	START TIME IN	MEAL TIME OUT	MEAL TIME IN	FINISH TIME OUT	TOTAL HOURS WORKED	TYPE & ABSENT TIME
	MON						
	TUE						
	WED						
	THU						
	FRI						
	SAT						
	SUN						

For Payroll Use Only:

	**State Comp Time	*FLSA Comp Time
Comp Time Earned		
Comp Time Taken		
Posted to People Soft		

TOTAL WEEKLY HOURS		
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*Hours actually worked over 40 hours count as **FLSA Comp Time**.
 Hours actually worked **and combined with any other absent time totaling more than 40 hours count as **State Comp Time**.

Employee's Signature

Date signed

I have reviewed the above statement of time worked and hereby certify that they are correct as shown.

Supervisor's Signature

Date Signed

I hereby approve this statement of time worked.

Director/ Dean/Vice President/Provost

Date Signed