UNIVERSITY OF DELAWARE

Newark, Delaware 19716

ART DEPARTMENT

BI-WEEKLY TIME RECORD

EMPLOYEE:_____Employee I.D.#_____
(please print your name) (this is not your SSN)

JOB TITLE/POSITION:_____

RATE/HOUR:_____ TOTAL HOURS:_____

DAY OF WEEK	DATE	# OF HOURS WORKED	
			EXPLANATORY NOTES:

			EMPLOYEE'S SIGNATURE

			SUPERVISOR'S SIGNATURE

Please round off hours to the nearest 1/2 hour, i.e.: 2 hours and 15 minutes would become 2 1/2 hours and 2 hours and ten minutes would become 2 hours.

This form must be submitted to the Art Dept. office by noon the Monday following a PAY DAY in order to get paid the following pay period. ALSO, HOURS MUST BE SUBMITTED BI-WEEKLY.