

INDIANA UNIVERSITY
BIWEEKLY ATTENDANCE RECORD

NAME _____ DEPARTMENT _____
 EMPLOYEE ID. NO. _____ ACCOUNT NO. _____ PR NO. _____
 PAY PERIOD FROM ____/____/____ TO ____/____/____ (REPORT TIME IN HOURS AND TENTHS)

WEEK ONE					WEEK TWO					EARN TYPE HOURS			REMARKS
DAY	REG	VAC	SCK	OVT	DAY	REG	VAC	SCK	OVT	OTH	OTH	OTH	
SUN					SUN								
MON					MON								
TUE					TUE								
WED					WED								
THU					THU								
FRI					FRI								
SAT					SAT								
TOTAL WEEK ONE					TOTAL WEEK TWO								

**DISTRIBUTE OVERTIME HOURS AS FOLLOWS:

OVT HOURS REPORTED FOR PAY

COMP TIME OVT HOURS x 1.5

TOTAL CPE HOURS

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____