

# UNIVERSITY OF COLORADO AT BOULDER

## BIWEEKLY EMPLOYEE WORK RECORD

Employee Name: \_\_\_\_\_

Employee HRMS ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dept. Phone: \_\_\_\_\_

Name of Department: \_\_\_\_\_

Payrate: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_

DATES								Week 1
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AM Time In								
AM Time Out								
PM Time In								
PM Time Out								
TOTAL								

DATES								Week 2
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AM Time In								
AM Time Out								
PM Time In								
PM Time Out								
TOTAL								

TWO WEEK TOTAL HOURS: \_\_\_\_\_

***Certification: I understand my job classification is eligible for overtime and/or compensatory time payment. These payments will be made at the rate of one and one-half time my annualized hourly rate. I agree to work overtime or compensatory time only with advance approval of my supervisor. Failure to receive advance approval for overtime or compensatory time worked may result in a corrective or disciplinary action which may include termination of University employment.***

***I certify hours and minutes shown herein are a complete and accurate record of time worked each day and for the reporting period. All leave taken and/or overtime earned or taken as compensatory time was reported and approved by my supervisor.***

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Time sheet must be retained by off-campus employing agency for a minimum of 3 years (5 recommended) from the end of the award year.