



TIME REPORT

FORMPR99
02/01/2000

Dept# _____

College Name: Ashland Community & Technical College

| | | | | | |
|---------------|-------------|---------------|------------|------------|----------|
| | | | | | |
| Employee Name | Employee ID | Record Number | Position # | Begin Date | End Date |

PLEASE REMEMBER TO CALCULATE OVERTIME ACCURATELY.

| DATE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 31 | Total |
|----------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | |
| REG Regular Time | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | | | | | |

| Hours | Pay Rate | Amount | Position # | Account Number |
|------------|----------|--------|------------|----------------|
| REG | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I certify that the hours entered above are the hours worked by me in this payperiod.

Employee's Signature: _____

I certify that the hours entered above are the hours worked in the payperiod by the above named employee. Supervisor's Signature: _____

***Use the following earnings codes if necessary:** REG - Regular Time VAC - Vacation SIC - Sick Leave
 OVT - Overtime HOT - 1.5 Overtime HOL - Holiday BRV - Funeral Leave JD - Jury Duty EMC - Emergency Closing IC - Institutional Closing LWO - Leave without pay