

Banner ID	Position No.	Suffix	Calendar Year	Pay ID (Check One) <input type="checkbox"/> BW or <input type="checkbox"/> 9M	Pay No.
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Employee Name		E/Class - Description				Hourly Rate	Time Sheet Origin	Department
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Hourly <input type="checkbox"/> LCW <input type="checkbox"/> LRH	Earning Codes	LRE	LVC	LIL	LIC	LAP					
	Mon.										
	Tues.										
	Wed.										
	Thurs.										
	Fri.										
	Sat.										
	Sun.										
	Mon.										
	Tues.										
	Wed.										
	Thurs.										
	Fri.										
	Sat.										
	Sun.										
TOTAL HOURS											

CORRECTION(S) TO TIME DISTRIBUTION				
%	Index	Amount	Earn Code	Hours
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

CERTIFICATION of Correction(s): I certify that the proposed change to the Time Distribution reasonably reflects my actual effort for the Biweekly Period indicated above.

EMPLOYEE AND SUPERVISOR MUST SIGN BELOW:

Employee's Signature	Date
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Supervisor's Signature	Phone	Date
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Note: Forward additional corrections to Time Distribution for this pay period to Payroll within 7 days after the check issue date. Use a photocopy of this form to submit your corrections.

Exception Earning Codes	
LRE - Regular Bi-Weekly Pay LVC - Vacation LIL - Illness LIC - Illness Continuation LAP - Any Purpose Day LSN - Special Needs Day L10 - Overtime @ 1.0 L15 - Overtime @ 1.5 L20 - Overtime @ 2.0 LFH - Floating Holiday LDF - Death in the Immediate Family LFN - Funeral not in the Immediate Family LBR - Bereavement (E-Class PS, AS, 7M, 24) LEM - Emergency Medical/Dental LJD - Jury Duty	LEC - Emergency Closure LCL - Closure LHO - Holiday LAA - Approved Absence Without Pay LAW - Absence Without Pay LAC - Absence Without Pay Continuation LWC - Workers Comp (Illness Bank) LDL - Disciplinary Layoff LUA - Unauthorized Absence LML - Military Leave Without Pay LDD - Duty Related Disability (Public Safety Officer Only)
Approved Family And Medical Leave LFV - FMLA Vacation LFI - FMLA Illness LFA - FMLA Absence Without Pay LFS - FMLA Special Needs	

CERTIFICATION of Biweekly Payroll Report: I certify that the time and effort reported hereon, except where noted, reflects actual time and a reasonable estimate of my effort for the period being reported.

Hourly Earning Codes		Employee's Signature		Date
College Work Study Student LCW - College Work Study L15 - Overtime @ 1.5	Skilled Trades LRH - Regular Hourly Pay L15 - Overtime @ 1.5 L20 - Overtime @ 2.0 LJD - Jury Duty LTI - Illness LTC - Illness Continuation LTF - FMLA LML - Military Leave	Supervisor's Signature		Phone
Student Asst., Technician, Substitute Teacher LRH - Regular Hourly Pay L15 - Overtime @ 1.5		Comments		Date
Hourly Part Time Faculty LRH - Regular Hourly Pay				