FERMI NATIONAL ACCELERATOR LABORATORY



Weekly Time Report

ID:

Mail To:

Paygroup:

Pay End Date:

Dept:		MS	:					
	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
IN								
ουτ								
WORK HOURS								
OTHER HOURS	4							
OTHER CODES	FUW							
LABOR	Project			Tas	k			Pct
DISTRIBUTION								
COMMENTS								

This is a legal document. There should be no erasures or whiteouts. This form must be completed in ink.

Note: The charge code data on this time sheet is subject to revision by completion of an effort report reflecting (on an annual basis)

the actual effort distribution for the time worked during this time period.

I hereby certify that the time reported above represents a true statement	Employee Signature			
		Date:	1	1
Approver	Authorized			
ID	Signature			
		Date:	1	1

NOTE: Not Valid without Supervisor Signature and ID

ACCOUNTING USE ONLY										
MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL		Project	Task
								RGW		
								ОТР		

Other Codes

A - Unexcused Absence without Pay

B - Excused Absence without Pay

D - Death in Family

DL - Disciplinary Leave without Pay

EC - Early Closing EMR - Emergency Call-in JD - Jury Duty ay L - Leave without Pay M - Military Service PH - Pay for HRS Shown

F - Floating Holiday

H - Holiday (1st Shift)

O - Other (explain)

R - Day of Rest

S - Sick Leave (Non-Occupational Disability)

SC - Schedule Change

V-Vacation FUW - Furlough

rev: 02/08