

**PERSONNEL ACTIVITY REPORT-BIWEEKLY PAID NON-EXEMPT EMPLOYEES-With Cost Overrides**

Costing Override to Infotype 0027 or Master Data			NAME	PUID	PERNR	ORG UNIT	PAY PD BEGIN DATE	PAY PD END DATE													
Receiver Cost Center	Receiver Order	Receiver Fund	Attendance/Absence Codes	A/A	Mon	Tue	Wed	Thu	Fri	Sat	Sun	WK 1 Total	Mon	Tue	Wed	Thu	Fri	Sat	Sun	WK 2 Total	TWO WEEK TOTAL
			Worked - Regular	A																	
			Vacation	V																	
			Sick Leave - Employee	SE																	
			Sick Leave - Family	SF																	
			Holiday	H																	
			Overtime	OT																	
<b>GRAND TOTAL - All Attendance/Absences Reported</b>																					

Effort Distribution on Infotype 27					
Company Code	Cost Center	Order	WBS	Percent	Fund
PUR					
PUR					
PUR					
PUR					
PUR					
PUR					
PUR					

I, the undersigned employee, certify that the hours worked reported above are correct and I, the undersigned supervisor, certify both that the hours reported are correct and the distribution of effort for the period is reasonable.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Supervisor