

Use this QRC to navigate and complete the electronic Biweekly Timecard

Revised 01/2011

Record hours worked here

Pay Period

PERSONNEL ACTIVITY REPORT-BIWEEKLY PAID NON-EXEMPT EMPLOYEES

Purdue, Pete XXXXXXXXXXXX XXXXXX XXXXX 1/3/2011 to 1/16/2011

NAME	PUID	PERNR	ORG UNIT	PAY PERIOD BEGIN-END DATE							Week1 Total	Week2 Total	Two Weeks Total
				Mon	Tue	Wed	Thu	Fri	Sat	Sun			
Worked Regular Attendance	A			8	8	8	8	8			40	40	80
Vacation	V										0	0	0
Sick Leave - Employee	SE										0	0	0
Sick Leave - Family	SF										0	0	0
Holiday	H										0	0	0
Overtime	OT										0	0	0
TR - Training Attendance Hours- Regular Work	Other										0	0	0
OT2 - Overtime Override For Occasional 2nd Shift	Other										0	0	0
FMPH - FMLA Using Personal Holiday	Other										0	0	0
GRAND TOTAL-All Attendance/Absence Reported.											80		

Attendance

Other types of attendance or absence codes not already printed on the time-card can be added to the blank slots using the drop-down list

Total time for each attendance/absence type, each week and the pay period. This should equal your total attendance/absence hours for the pay period.

TR - Training Attendance Hours- Regular Work
 OT3 - Overtime Override
 TROT - Training - Over
 PUSH - Urgent Care Ex
 FN - Fireman Inside Ov
 FO - Fireman Outside Ov
 CB - Call Back Premiu
 FMH - FMLA Using Pa
 FMPB - FMLA Using I

EFFORT DISTRIBUTION on Infotype 0027

Company Code	Cost Center	Order	WBSE	Percent	Fund
PUR	4009023000			100	21010000
PUR					
PUR					
PUR					
PUR					
PUR					
PUR					

These rows and columns are to record the cost center, order, percentage, and/or fund as appropriate to distribute effort. See your supervisor for details.

I, the undersigned employee, certify that all hours worked are reflected on this time card are correct, and no other unauthorized or unreported hours were worked. I, the undersigned supervisor, certify both that the hours reported are accurate and complete, and the distribution of effort for the period is reasonable.

Employee Signature

Supervisor Signature

Employee Signature Supervisor Signature

Supervisors: Please send completed form to your departmental Time Administrator

Codes in Drop Down Boxes

Attendance Type Codes

BV - Bereavement
TR - Training Attendance Hours-Regular Work
A2 - Attendance Override For Occasional 2nd Shift
A3 - Attendance Override For Occasional 3rd Shift
OT2 - Overtime Override For Occasional 2nd Shift
OT3 - Overtime Override For Occasional 3rd Shift
TROT - Training - Overtime
PUSH - Urgent Care Exempt Physician Call
FN - Fireman Inside Overtime -2960 Denominator
FO - Fireman Outside Overtime - 2080 Denominator
CB - Call Back Premium Pay
FMH - FMLA Using Paid Holiday
FMPB - FMLA Using Personal Business Day
FMPH - FMLA Using Personal Holiday
FMPL - FMLA Using paid Parental Leave
FMSE - FMLA Using Sick Leave - Employee
FMSF - FMLA Using Sick Leave - Family
FMV - FMLA Using Vacation
MIPD - Military Paid Leave
OL - Other Leave
PBD - Personal Business Day
PH - Personal Holiday
PPL - Paid Parental Leave
WC - Workers Compensation
SPA2 - Companion/Supplemental 2nd Shift Premium- Rarely Used
SPA3 - Companion/Supplemental 3rd Shift Premium- Rarely Used

UNPAID Absence Type Codes

ABUP - Approved Unpaid Time Off
FMUP - FMLA Unpaid Approved
MALU - Mutually Acceptable Unpaid Leave
Hours
MIUP - Military Unpaid Leave Hours
UN - Unapproved Absences Unpaid - No Show