



UNIVERSITY OF ARKANSAS
PULASKI TECHNICAL COLLEGE

**PART TIME
BI-WEEKLY TIME SHEET**

Employee ID Number _____

Last Name _____ First Name _____ MI _____

Department / Program _____

Check box if this employee is terminated
and this is their final timesheet

FOR PAYROLL PERIOD FROM _____ THROUGH _____

Enter the actual times in and out shown at the nearest quarter hour (8:00, 8:15, 8:30, 8:45), using black or dark blue ink.
Employees must take at least a 30 minute meal break during any shift of over 6 hours.

| DAY | DATE | TIME IN | TIME OUT | TIME IN | TIME OUT | TOTAL HOURS |
|-------|------|---------|----------|---------|----------|-------------|
| Sun | / / | | | | | |
| Mon | / / | | | | | |
| Tues | / / | | | | | |
| Wed | / / | | | | | |
| Thurs | / / | | | | | |
| Fri | / / | | | | | |
| Sat | / / | | | | | |

TOTAL HOURS WEEK 1 _____

| DAY | DATE | TIME IN | TIME OUT | TIME IN | TIME OUT | TOTAL HOURS |
|-------|------|---------|----------|---------|----------|-------------|
| Sun | / / | | | | | |
| Mon | / / | | | | | |
| Tues | / / | | | | | |
| Wed | / / | | | | | |
| Thurs | / / | | | | | |
| Fri | / / | | | | | |
| Sat | / / | | | | | |

TOTAL HOURS WEEK 2 _____

TOTAL HOURS FOR PAY PERIOD _____

I certify that this timesheet is a true statement of the actual
hours I worked during the payroll period.

Employee's Signature Date

I have reviewed the information included above and certify that it
reflects the actual hours worked by the employee.

Supervisor's Printed Name

Supervisor's Signature Date