

Gordon College Biweekly Timesheet

Name:	Employee ID: (Required)	SSN:	Tax Treaty Country:
Department:	Pay Group:	Record #:	
Pay End Date:	Department ID:	Mail Drop:	
Position Number:		Position Pool:	

Week 1 Begin Date: _____ (Enter hours worked per day rounded to the nearest tenth.)

Earning Code	Account Code (If Different)	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Totals
REG									
VAC									
SCK									
TOTALS									

Week 2 Begin Date: _____ (Enter hours worked per day rounded to the nearest tenth.)

Earning Code	Account Code (If Different)	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Totals
REG									
VAC									
SCK									
TOTALS									

EXP			TOTAL HOURS FOR PAY PERIOD	
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Extra Pay Account Number Amount

Valid Earning Codes

REG - Regular * VAC - Vacation SCK - Sick HOL - Holiday
 JUR - Jury Duty FML - Family Leave** MIL - Military Duty**

The above information is a true statement of hours worked in the pay period indicated.

Employee Signature Date Authorized Signature Date

* REG includes all hours actually worked per day. The system will determine overtime and uncompensated hours.
 ** FML and MIL require prior approval by Human Resources.