

NAME								UFID				ASSIGNMENT ACCT				POSITION NO.				ENDING DATE		TKL		ASSIGN ID		P/R ID	
1 ST WEEK								2 ND WEEK								Earned Hrs		1 ST WEEK		2 ND WEEK							
																HOURS		MIN		HOURS		MIN					
	Fri.	Sat.	Sun.	Mon.	Tues.	Wed.	Thu.		Fri.	Sat.	Sun.	Mon.	Tues.	Wed.	Thu.	Hrs. Worked	1			1							
In								In								Holiday (H)	2			2							
Out								Out								Pers.Hol (PH)	3			3							
In								In								Vacation (V)	4			4							
Out								Out								Admin Lv (A)	5			5							
In								In								Sick Lv (S)	6			6							
Out								Out								Spec Comp (SCU)	7			7							
Total								Total								Over Comp (OCU)	8			8							
<p>I confirm that the hours shown on this card accurately reflect time worked or to be worked and/or time earned for pay purposes during the period indicated. I understand that falsification of this time worked and/or leave record is cause for immediate dismissal. To be worked hours shown on this card will be adjusted, if necessary, on the next paycard.</p> <p>_____</p> <p>EMPLOYEE'S SIGNATURE</p>								<p>I confirm that this employee's effort has been expended on the account shown hereon equal to effort required for compensation purposes, except where the activity reports may reflect effort in another account.</p> <p>_____</p> <p>SUPERVISOR'S SIGNATURE</p>								TOTAL											
																Spec. Comp. (SCE)		9			9						
																Over Comp (OCE)		10			10						
																LWOP		11			11						
<p>University of Florida Included Employee Time Card See Instructions on Back</p>								TOTAL PAY PERIOD HOURS		Regular		Overtime			Terminal Lv		Differential										
										Hours	Min	Hours	Min	Type	Reason	Hours	Min	Hours	Min	Code							