

MORAVIAN COLLEGE Department of Campus Safety

Employee Name (Print) _____ POSITION _____

Employee Signature _____ S. S. # _____

Wage Acct No. 01-15300-6316

OT Acct No. 01-15300-6315

Other Acct No. _____

PAY PERIOD:

From _____ TO _____

	Date	Time In	Time Out	Hours Worked	Regular Hrs. Worked			OT Hrs Worked * Indicate: R for Regular OT; M for Mandatory OT				PTO (Paid at Base)	
					1 st Shift	2 nd Shift	3 rd Shift	1 st Shift	2 nd Shift	3 rd Shift	R/M*	HRS	Code
SATURDAY													
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
Week 1 Subtotal													

PAY PERIOD:

From _____ TO _____

	Date	Time In	Time Out	Hours Worked	Regular Hrs. Worked			OT Hrs Worked * Indicate: R for Regular OT; M for Mandatory OT				PTO (Paid at Base)	
					1 st Shift	2 nd Shift	3 rd Shift	1 st Shift	2 nd Shift	3 rd Shift	R/M*	HRS	Code
SATURDAY													
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
Week 2 Subtotal													
GRAND TOTAL													

PTO Codes: V=Vacation; S=Sick; PT=Personal Time; OH= Official Holiday; FH=Floating Holiday; JD= Jury Duty; FL=Funeral; WC=Work Comp; CT=Court Time.

Supervisor's Signature: _____ Date: _____