



MOLLOY COLLEGE BI-WEEKLY TIME REPORT

Department Name: _____

Pay Period _____

Department Number: _____

Leave Codes

V: Vacation S: Sick P: Personal
 B: Bereavement F: Flex Time J: Jury Duty
 M: Military E: Extended H: Holiday
 SF: Summer Friday SD: Snow Day

WEEK 1

WEEK 2

EMPLOYEE NAME	WEEK 1							WEEK 2							BI - WEEKLY TOTALS				
	EMPLOYEE SIGNATURE	MON	TUES	WEDS	THURS	FRI	SAT	SUN	MON	TUES	WEDS	THURS	FRI	SAT	SUN	REG	SICK	VAC	OTHER
1	/	/	/	/	/	/	/	/	/	/	/	/	/	/					
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Department Head Signature _____