



MOLLOY COLLEGE BI-WEEKLY TIME REPORT

Pay Period From: _____ To: _____

Department Name: _____

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

EMPLOYEE NAME	WEEK 1							Week 1 Totals						WEEK 2							Week 2 Totals						BI - WEEKLY TOTALS						
	EMPLOYEE SIGNATURE	MON	TUES	WEDS	THURS	FRI	SAT	SUN	REG	ST/OT	O/T	SICK	VAC	OTHER	MON	TUES	WEDS	THURS	FRI	SAT	SUN	REG	ST/OT	O/T	SICK	VAC	OTHER	REG	ST/OT	O/T	SICK	VAC	OTHER
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*** ALL OVERTIME MUST BE PRE-APPROVED AND ACCOMPANIED BY A SIGNED REQUEST FORM

Department Head Signature: _____