



**MOLLOY COLLEGE BI-WEEKLY TIME REPORT**

Department Name: \_\_\_\_\_

Pay Period \_\_\_\_\_

Department Number: \_\_\_\_\_

*Leave Codes*

V: Vacation    H: Holiday    S: Sick  
 B: Bereavement    F: Flex Time    J: Jury Duty  
 M: Military    E: Extended    P: Personal

**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 \_\_\_\_\_

Administration Timesheet