



MOLLOY COLLEGE BI-WEEKLY TIME REPORT

Pay Period From: _____ To: _____

Department Name: _____

Department Number: _____

Leave Codes

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

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	O/T	SICK	VAC	OTHER	MON	TUES	WEDS	THURS	FRI	SAT	SUN	REG	O/T	SICK	VAC	OTHER	REG	O/T	SICK	VAC	OTHER
1	/	/	/	/	/	/	/						/	/	/	/	/	/	/											
2																														
3																														
4																														
5																														
6																														
7																														
8																														
9																														
10																														

*** ALL OVERTIME MUST BE PRE-APPROVED AND ACCOMPANIED BY A SIGNED REQUEST FORM

Department Head Signature: _____

TOTAL
