

						UNIVE	RSITY	OF GU	AM BI	-WEEK	LY TIME	E AND L	ABOR	DISTRIB	UTION						
DEPT	PAYROL	LL ID#	NAME								SOCIAL SECURITY NUMBER			REGULAR		OVERTIME		PAYPERIOD ENDING			
					DAY REGULAR WORKTIME			EXTRA / OVERTIME SUB-TOTAL HO				OURS	DAY		REGULAR WORKTIME		EXTRA / OVERTIME		SUB-TOTAL HOURS		
				1ST WEEK	IN	OUT	IN	OUT	REG	O/T	LEAVE		2ND WEEK	IN	OUT	IN	OUT	REG	O/T	LEAVE	
TIMEKEEPER'S SIGNATURE			SUN									SUN									
GL NU	GL NUMBER HOUR		RS PAY CODE		MON									MON							
				REG	TUES									TUES							
				ОТ	WED									WED							
				ND	THUR									THUR							
7	TOTAL				FRI									FRI							
					SAT									SAT							
•	AUTHORIZED SIGNATURE				CERTIFIC	ATION: AT	<b>TENDANCE</b>	E AND ABS	SENCES CE	RTIFIED C	ORRECT. (	OVERTIME	APPROVE	ED IN ACCO	RDANCE \	WITH EXIST	TING LAWS	AND REGU	LATIONS.		

DEPT	PAYRO	114	UNIVERSITY OF GUAM BI-WEEKLY TIME							SOCIAL SECURITY NUMBER				III AD	OVE	TIME	PAYPERIOD ENDING				
DEPI	PATRO	LL#			NAME							SOCIAL	SECURITY	NUMBER	REGULAR		OVERTIME		PATE	EKIOD E	NDING
				L	DAY		WORKTIME				TOTAL HOURS			DAY	REGULAR WORKTIME		EXTRA / OVERTIME		SUB-TOTAL HOU		
					1ST WEEK	IN	OUT	IN	OUT	REG	O/T	LEAVE		2ND WEEK	IN	OUT	IN	OUT	REG	O/T	LEAVE
TIMEKEEPER'S SIGNATURE				SUN									SUN								
GL NUMB	BER	HOUR		PAY ODE	MON									MON							
			R	EG	TUES									TUES							
				от	WED									WED							
				ND	THUR									THUR							
TO	OTAL				FRI									FRI							
					SAT									SAT							
AUTHORIZED SIGNATURE				CERTIFICATION: ATTENDANCE AND ABSENCES CERTIFIED CORRECT. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS.																	

EMPLOYEES SIGNATURE: DATE SIGNED I certify that the hours worked reported above are correct.		I approve these hours worked and confirmed I have reasonable means of verifying the activities performed by that employee identified above, the % of effort represents reasonable estimate of work performed during the above pay period	!
AUTHOIRIZED TIMEKEEPER SIGNATURE:I certify that the above employee has submitted to me their signed timesheets reflecting actual hours worked and Time & Effort for federally funded programs as applicable.	DATE SIGNED	Print Name, Signature and Date	
AUTHORIZED DEPT. ADMINISTRATOR/APPROVER: I certify that the time and effor expended by the above employee is correct	DATE SIGNED	Print Name, Signature and Date	j