



UNIVERSITY OF GUAM BI-WEEKLY TIME AND LABOR DISTRIBUTION																		
DEPT	PAYROLL ID#	NAME							SOCIAL SECURITY NUMBER			REGULAR		OVERTIME		PAYPERIOD ENDING		
			DAY	REGULAR WORKTIME		EXTRA / OVERTIME		SUB-TOTAL HOURS			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 NUMBER	HOURS	PAY CODE	MON								MON							
		REG	TUES								TUES							
		OT	WED								WED							
		ND	THUR								THUR							
TOTAL			FRI								FRI							
			SAT								SAT							
AUTHORIZED SIGNATURE			CERTIFICATION: ATTENDANCE AND ABSENCES CERTIFIED CORRECT. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS.															

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EMPLOYEES SIGNATURE: _____ DATE SIGNED _____
 I certify that the hours worked reported above are correct.

AUTHORIZED TIMEKEEPER SIGNATURE: _____ DATE SIGNED _____
 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.

AUTHORIZED DEPT. ADMINISTRATOR/APPROVER: _____ DATE SIGNED _____
 I certify that the time and effort expended by the above employee is correct

PRINCIPAL INVESTIGATOR: 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

 Print Name, Signature and Date

 Print Name, Signature and Date