

		TIME				BIWEEKLY DAILY TIME CARD	
1. DATE	2. FROM	3. TO	4. HOURS	5. APPROVAL	6. KIND OF WORK OR PROJECT		
Rev 10/95	14. TOTAL HOURS			EXTRA HELP/STUDENT			

7. _____
Employee Name

8. _____
UFAS Account Number

9. _____
College/Department

10. _____
Employee Signature

11. _____
Supervisor Signature

12. _____
Date By

13. _____
Rate Amount

INSTRUCTIONS for use of the
BIWEEKLY DAILY TIME CARD

Record the following information:

Daily

1. Date
2. Hour - From
3. Hour - To
4. Total hours per day
5. Supervisor's initials for approval

Biweekly

7. Name of employee
8. Account code number
9. Department
10. Employee's signature
11. Supervisor's signature

Conversion chart for minutes to tenths of hours.	
1-2 min.-0	33-38 min.-6
3-8 min.-1	39-44 min.-7
9-14 min.-2	45-50 min.-8
15-20 min.-3	51-56 min.-9
21-26 min.-4	57-60 min.-1.
27-32 min.-5	

DO NOT DESTROY these cards
 until released by Auditor

**FOR DEPARTMENTAL RECORDS
 ONLY**