

**UNIVERSITY OF DELAWARE**  
Newark, Delaware 19716

**ART DEPARTMENT**

**BI-WEEKLY TIME RECORD**

EMPLOYEE: \_\_\_\_\_ Employee I.D.# \_\_\_\_\_  
(please print your name) (this is not your SSN)

JOB TITLE/POSITION: \_\_\_\_\_

RATE/HOUR: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

| DAY OF<br>WEEK | DATE  | # OF HOURS<br>WORKED |
|----------------|-------|----------------------|
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |
| -----          | ----- | -----                |

EXPLANATORY NOTES:

-----  
EMPLOYEE'S SIGNATURE

-----  
SUPERVISOR'S SIGNATURE

Please round off hours to the nearest 1/2 hour, i.e.: 2 hours and 15 minutes would become 2 1/2 hours and 2 hours and ten minutes would become 2 hours.

This form must be submitted to the Art Dept. office by noon the Monday following a PAY DAY in order to get paid the following pay period. ALSO, HOURS MUST BE SUBMITTED BI-WEEKLY.