

Employee Name _____ Employee ID No. _____

Department Name _____ Time Sheet Department Name _____

Time Sheet Organization Code _____ Pay Week Ending Date _____

REG	OT	VAC	SIC	FSL	DOC	PERS	OTHER	Total

Earning Codes							Other	
REG	OT	VAC	SIC	FSL	DOC	PERS	BL	ANN
Regular	Overtime	Vacation	Sick	Family Sick	Leave W/O Pay	Personal Holiday	Bereavement Leave	Anniversary Day
							HOL Holiday	JD Jury Duty

Supervisor Signature _____ Date _____

Employee Signature _____ Date _____

HR-436-709

Florida Institute of Technology • Office of Human Resources

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