

**HR TEMPORARY EMPLOYMENT
IRIS DAILY TIME RECORD**

**SAMPLE TIMESHEET
EMPLOYEE COMPLETES ALL SECTIONS IN RED**

Pay Period: **R09**

1234567
Person I.D. #

Smith, Jane
Employee Name

Pediatrics
Org. Unit/Dept/ name

4/16/06
Begin Date

4/29/06
End Date

Placement Number	Wage Type	Week 1								TOTAL
		S	M	T	W	T	F	S		
12345	3700		8	7.5	8	8	7			39

Placement Number	Wage Type	Week 2								TOTAL	2 Week Grand Total
		S	M	T	W	T	F	S			
12345	3700		8	8	AA	8	7.5			32	70
	3170			2						2	2
											72

EMPLOYEE SIGNS HERE

Employee Signature
I certify that the hours entered are the hours worked by me in this pay period.

SUPERVISOR SECTION

Sections in Blue to be completed by supervisor

Supervisor signs here

Supervisor Signature
I certify that the hours entered are the hours worked in the pay period by the above named employee.

Supervisor Prints Name

Print Supervisor Name

Dept. Phone #

Phone #

Account Number	Hours
1234567890	72

Absence Codes	
AA	Illness
BB	Personal
CC	Unknown
DD	Family Emergency
EE	Accident on Job
FF	Other

Wage Type			
3700	HOURS WORKED	3745	STEPS - DIFF NIGHT SHIFT
3705	COMPENSATORY OVERTIME - 1.0	3750	STEPS - DIFF WEEKEND DAY
3170	COMPENSATORY OVERTIME - 1.5	3755	STEPS - DIFF WEEKEND EVENING
3720	STEPS AWARD	3760	STEPS - DIFF WEEKEND NIGHT
3730	STEPS - WORKER'S COMP	3765	STEPS - ON CALL
3740	STEPS - DIFF EVENING SHIFT		