

**Employee Section**

**HR TEMPORARY EMPLOYMENT  
IRIS DAILY TIME RECORD**

Pay Period: **R05**

**123456**

**Smith, John**

**Pediatrics**

**02/15/09**

**02/28/09**

Person I.D. #

Employee Name

Org. Unit/Dept/ name

Begin Date

End Date

Placement Number	Wage Type	Week 1							TOTAL
		S	M	T	W	T	F	S	
<b>12345</b>	<b>3700</b>		<b>8</b>	<b>8</b>	<b>6</b>	<b>7.5</b>	<b>8</b>		<b>37.50</b>

Placement Number	Wage Type	Week 2							TOTAL	2 Week Grand Total
		S	M	T	W	T	F	S		
<b>12345</b>	<b>3700</b>		<b>8</b>	<b>AA</b>	<b>7.5</b>	<b>7.5</b>	<b>8</b>		<b>31.0</b>	<b>68.5</b>
	<b>3705</b>		<b>2</b>						<b>2</b>	<b>2.0</b>
										<b>70.5</b>

**Employee Signs**

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

**SUPERVISOR SECTION**

**Supervisor Signs**

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

**Supervisor Printed Name**

Print Supervisor Name (Required)

**79555**

Phone #

Account Number	Hours

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
3710	COMPENSATORY OVERTIME - 1.5	3750	STEPS - DIFF WEEKEND DAY
3720	STEPS AWARD	3755	STEPS - DIFF WEEKEND EVENING
3730	STEPS - WORKER'S COMP	3760	STEPS - DIFF WEEKEND NIGHT
3740	STEPS - DIFF EVENING SHIFT	3765	STEPS - ON CALL