HR TEMPORARY EMPLOYMENT
IRIS DAILY TIME RECORD

Pay Period:

Person I.D. #	Employee Name	Org. Unit/Dept/ name	Begin Date	End Date

		Week 1										Week 2								
Placement Number	Wage Type	S	M	T	W	T	F	S	TOTAL	Placement Number	Wage Type	S	M	T	W	T	F	S	TOTAL	2 Week Grand Total
	3700										3700									

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

SUPERVISOR SECTION

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

Print Supervisor Name (Required) **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