



The University of
Montana

**INTRA-DEPARTMENTAL
Employee Time Record (Bi-weekly)**

Employee Name	
BANNER ID	
Pay Period Ending	

This form is for departmental use only and must be retained with department records for three (3) years beyond fiscal year. Do not submit to Human Resource Services.

	DATE (record in hours)														
	Sat	Sun	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Mon	Tue	Wed	Thr	Fri	Total Hours
Dates															
Regular															
Holiday															
Overtime															
Annual															
Sick															
Leave W/O Pay															
Comp Time Earned															
Comp Time Taken															
Other (specify)															
<p>INSTRUCTIONS: To request to work overtime or compensatory time, submit the request on this form to your supervisor in advance. REQUEST TO WORK :(1) Overtime (2) Compensatory Time (3) Other (specify)</p>															
	Sat	Sun	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Mon	Tue	Wed	Thr	Fri	Total Hours
Request Type(1,2,3)															
Hours Req't to Work															
Supervisor Approval															
Explanation (specify request): _____ Disapproved (specify reason): _____															

I certify that the above time record is accurate to the best of my knowledge.

Employee Signature

Date

Supervisor Signature

Date