THE UNIVERSITY OF TENNESSEE TEMPORARY HELP POOL BI-WEEKLY TIME REPORT

FOR HR USE ONLY			
TOTAL REGULAR HOURS			
TOTAL OVERTIME HOURS			
RATE			
SOCIAL SECURITY NUMBER:			
DEPARTMENT:			

NAME:	SOCIAL SECURITY NUMBER:	
PAY PERIOD ENDING:	 DEPARTMENT:	

Directions: Timesheet MUST be completed in ink and returned to HR-Employment by the designated date and time indicated on the Timesheet and Pay Schedule.

1st Week of		Total
Pay Period	Date	Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
	Total Hours	
	1st Week	

2nd Week of		Total
Pay Period	Date	Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
	Total Hours	
	2nd Week	
	Total Hours	
	for Pay Period	

I certify that the above is a true statement of hours worked for The University of Tennessee.

TEMPORARY HELP POOL EMPLOYEE	
REQUESTOR/SUPERVISOR	COST CENTER NUMBER/WBS ELEMENT TO BE CHARGED

Original to HR Employment Keep copy for Department Record