FSA EMPLOYEE BI-WEEKLY TIME SHEET & LEAVE ACCRUAL REPORT

EMPLOYEE'S NAME (LAST, FIRST, MI)	**TITLE**	**Last 4 S.S.# XXX-XX-**

DEPT.	**FSA Acct to be Charged:**	**PERIOD BEGIN DATE:**	**PERIOD END DATE:**

Check One: Part Time Full Time **Check:** Paid Hourly Paid Salary Manager/Exempt

MONTH/ DATE	DAY	Regular Hours					Overtime Hours (if applicable)			(if applicable) TIME USED	
		Time IN	Time OUT	Time IN	Time OUT	Total Reg Hours Worked	Time IN	Time OUT	TOTAL OT HRS. WORKED	ANNUAL LEAVE	SICK LEAVE
	MON										
	TUE										
	WED										
	THU										
	FRI										
	SAT										
	SUN										
	MON										
	TUE										
	WED										
	THU										
	FRI										
	SAT										
	SUN										
*Total Hours Worked and Time used must at least equal Bi-Weekly Hours:							Totals:				

I have examined the above entities and certify them to be correct. I agree with the accumulations reported on this form. Accrual Summaries show as subject to review and correcton by Payroll Office.

Employee Signature *DATE*

I certify that hours & days represent time worked by the named employee; that charges to credits have my approval, and that OT indicated was at my request to perform essential duties which could not be done during regular hours.

Supervisor Signature; Printed Name: *DATE*

LEAVE CREDITS ACCRUAL SUMMARY (if applicable to your position)

	ANNUAL LEAVE	SICK LEAVE	OTHER (if applicable)
1. BALANCE BROUGHT FWD.			
2. TIME USED (-)			
3. SUB TOTAL:			
4. TIME EARNED (+)			
5. NEW BALANCE			

Note To Employee: Line 5 New Balance is your accumulated balance as of period end date. This becomes your NEXT FOLLOWING time sheet's "Balance Brought forward".

Payroll Office Notes and Certification

FSA Payroll Preparer Signature *DATE*