

**STATE OF CONNECTICUT BI-WEEKLY
Individual Time Sheet**

Empl ID: _____

Name: _____

Loc: _____

PPE Date: _____

Week 1 #####

Week 2 #####

Shift	Fri	Sat	Sun	Mon	Tue	Wed	Thu
		X	X				

Shift	Fri	Sat	Sun	Mon	Tue	Wed	Thu
		X	X				

Total Hrs

TRC

COMMENTS:

Employee's Signature _____

Supervisor's Signature _____

Date _____

Date _____

Time Reporting Codes:

- X** Not a Working Day
- REG** Working Hours
- VAC** Vacation
- PL** Personal Leave
- SICK** Sick Leave
- SP** Medical or Dental Appt.

- SFAM** Sick Family
- SFFNR** Funeral in Immediate Family
- SFNRL** Funeral
- HOL** Holiday
- CCE** Comp Time Earned
- CU** Comp Time Used

- HWCE** Holiday Worked Comp Earned
- HCU** Holiday Comp Time Used
- LFRL** Furlough
- LJURY** Jury Duty
- LOPD** President's Dismissal
- LWGOV** Governor's Dismissal

- LWWTR** Weather Closing
- LWXIN** State Exam/State Interview
- RTRNG** Training
- RUBRL** Union Business Release
- ULAW** Authorized Unpaid Leave
- OVT** Overtime
- OT15** Maintenance