



University of Illinois

Education Administration

DAILY TIME REPORT

BA Form P11 Rev 8/81 This report must be kept for a period of three years.

Last Name	First Name	Status <input type="radio"/> Exempt <input checked="" type="radio"/> Non-Exempt	FOR TWO WEEK PERIOD	BEGIN	END
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UIN:	Shift	Earn Code	Total		Sun		Mon		Tues		Wed		Thurs		Fri		Sat	
			Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T
Regular		REG																
Jury Duty																		
Comp Time Used																		
Holiday																		
Vacation																		
Sick Leave																		
Floating Holiday																		
Funeral Leave																		
Totals																		

Comp Time Earned																		
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	Shift	Earn Code	Total		Sun		Mon		Tues		Wed		Thurs		Fri		Sat	
			Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T
Regular		REG																
Jury Duty																		
Comp Time Used																		
Holiday																		
Vacation																		
Sick Leave																		
Floating Holiday																		
Funeral Leave																		
Totals																		

Comp Time Earned																		
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Employee Signature: _____

Departmental Approval: _____