



OCONEE FALL LINE TECHNICAL COLLEGE EMPLOYEE WEEKLY TIME REPORT

(Revised 2/2017)

Work Week Beginning _____ and Ending _____

Employee's Name	Position Number	Employee ID
Department Name	Department Location	Project

Employee must record time for each day worked and designate days absent as:

AL - Annual Leave
 SL - Sick Leave
 FCT - FLSA Comp Time
 SCT - State Comp
 HL - Holiday Leave
 ML - Military Leave
 CL - Court Leave
 LWOP - Leave Without Pay
 AA - Authorized Absence

DATE	DAY	START TIME IN	MEAL TIME OUT	MEAL TIME IN	FINISH TIME OUT	TOTAL HOURS WORKED	TYPE & ABSENT TIME
	MON						
	TUE						
	WED						
	THU						
	FRI						
	SAT						
	SUN						
TOTAL WEEKLY HOURS							

FLSA* State**

Previous Balance		
Comp Time Used		
Comp Time Earned		
New Balance		

*Hours actually worked over 40 hours count as **FLSA Comp Time** .

Hours actually worked **and combined with any other absent time totaling more than 40 hours count as **State Comp Time**.

Hours over 40 _____ x 1.5 = _____ **FLSA comp time**. All other hours **State comp time**.

I have reviewed the above statement of time worked and hereby certify that the hours are correct as shown.

Check here if Part-Time: _____ **As a part-time employee, I agree that hours worked within ALL DEPARTMENTS of OFTC, including these hours, do not exceed 29 hours in this weekly period unless otherwise approved by my supervisor. (Supervisor approval attached.)**

Employee's Signature

Date signed

I have reviewed the above statement of time worked and hereby certify that they are correct as shown.

Supervisor's Signature

Date Signed

Payroll Use Only: Comp Time Posted= USED _____ EARNED _____