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	Shift	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Total Hrs	TRC	Chartfield

COMMENTS:

Employee's Signature _____ Supervisor's Signature _____

Date _____ Date _____

Time Reporting Codes:

X	Not a Working Day	**SFAM**	Sick Family	**HWCE**	Holiday Worked Comp Earned	**LWXIN**	State Exam/State Interview
REG	Working Hours	**SFFNR**	Funeral in Immediate Family	**HCU**	Holiday Comp Time Used	**RTRNG**	Training
VAC	Vacation	**SFNRL**	Funeral	**LJURY**	Jury Duty	**RUBRL**	Union Business Release
PL	Personal Leave	**HOL**	Holiday	**LOPD**	President's Dismissal	**ULAW**	Authorized Unpaid Leave
SICK	Sick Leave	**CCE**	Comp Time Earned	**LWGOV**	Governor's Dismissal	**OVT**	Overtime
SP	Medical or Dental Appt.	**CU**	Comp Time Used	**LWWTR**	Weather Closing	**OT15**	Maintenance