

DAILY TIME LOG

EMPLOYEE

NAME: (print) _____ Week Ending Date: ____-____-____
 Person #: _____
 HOME DEPT NUMBER: _____ WEEK 1: or WEEK 2:
 PAY PERIOD BEGIN DATE: (Sat) _____ THROUGH: (Fri) _____
 Location Working (If not UTMB Campus) _____

NOTES / COMP ID / OR ACCOUNT # / ORG ID IF ANY HOURS SHOULD BE CHARGED TO	DATES							TOTALS
	SAT	SUN	MON	TUE	WED	THU	FRI	
<u>ANOTHER DEPT/ ACCT</u> Home dept, Reg Hrs:	_____	_____	_____	_____	_____	_____	_____	=====
_____	_____	_____	_____	_____	_____	_____	_____	=====
_____	_____	_____	_____	_____	_____	_____	_____	=====
_____	_____	_____	_____	_____	_____	_____	_____	=====

--INFORMATION FOR THE DEPARTMENT TO RECORD INTO THE Kronos SYSTEM--

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____
 ORIGINALS KEPT ON FILE IN HOME DEPT FOR 4 YEARS + CURRENT FISCAL YEAR
 EMPLOYEE ENTITLED TO KEEP A COPY

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_____	_____	_____	_____	_____	_____	_____	_____	=====
_____	_____	_____	_____	_____	_____	_____	_____	=====
_____	_____	_____	_____	_____	_____	_____	_____	=====

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