Bi-weekly Employee Task and Time Sheet

Employee Name: _____

Supervisor Name: _____

Pay Period: _____

YEAR: _____

Date	PROJECT	TASK (be specific)	Total Hrs
		TOTAL HRS	0.00

Please summarize what you accomplished during this pay period:

Confirmed by: _____ _____
Employee Signature Date

Approved by: _____ _____
Supervisor Signature Date

IMPORTANT:
Please return completed form to Eileen Phillips, Room 4160, on the Tuesday deadline for entering time.
NOTE: It's the employee's responsibility to obtain supervisor's signature prior to hours being approved in myUFL.

PRINT FORM RESET FORM