

Primary Time Card

Duke Unique ID

Last Name
First Name
Middle Initial

Pay Point

Employment Date

Pay Period

DUKE UNIVERSITY PRIMARY TIME REPORT

000000		LAST FIRST MIDDLE			DDAO	MM/DD/YYYY	19/09
Duke Uniq ID	CD	NAME			B.U.	Org Key	CSD
Shift Codes/Descriptions				Time-Off With Pay Codes/Descriptions			
1	FIRST	1 Vacation	4 Discretionary Holiday	10 Union Birthday	Personnel Subarea: 0007 UGRAD STUDENT		
2	SECOND	2 Sick	5 Funeral	31 Vacation Unpaid	Contract Status: NOT ELIGIBLE		
3	THIRD	3 Designated Holiday	6 Jury	32 Sick Unpaid	OT Opt: 3 Shift: 8 ES: DU		
MM/DD/YYYY - MM/DD/YYYY		MM/DD/YYYY - MM/DD/YYYY		Cost Center ST/SC Percent			
Hours Worked		Time Off w/Pay		Hours Worked		Time Off w/Pay	
Hours	Tenths	Shift	Hours	Tenths	Rea	Hours	Tenths
MON	3	0	1			MON	
TUE						TUE	4 7 1
WED	3	0	1			WED	
THU						THU	3 0 1
FRI						FRI	
SAT						SAT	
SUN						SUN	
TOTAL	6	0	2			TOTAL	7 7 2
WEEK 1 PREMIUMS - HOURS/TENTHS		WEEK 2 PREMIUMS - HOURS/TENTHS					
W/E	HOL	ECB/AIN/WKD	W/E	HOL	ECB/AIN/WKD		
ECB WRKD	STD BY/SP	TOTAL	ECB WRKD	STD BY/SP	TOTAL		

REMARKS:
Bereavement Leave - Relative: _____ Date of Death: _____

I certify that this is an accurate record of my time for the period indicated.

Your Signature

Employee Signature (Required)

I certify the hours recorded, that I have first-hand knowledge of all work performed along with corresponding premium hours and that the distribution represents a reasonable estimate of effort expended.

Authorized Faculty Signature

Supervisor/Manager Authorization (Required)

Secondary Time Card

Duke Unique ID

Last Name
First Name
Middle Initial

Pay Point

Pay Period

DUKE UNIVERSITY SECONDARY TIME REPORT

000000		LAST FIRST MIDDLE			DDAO	19/079
Duke Uniq ID	CD	NAME			Org Key	Pay Period

IN THE CASE OF A MANUALLY PREPARED REPORT, PLEASE SUPPLY INFORMATION FOR ALL FIELDS AT THE TOP OF THE FORM, INCLUDING THE COST CENTER, ST/SC, POSITION AND RATE.

HOURS WORKED						COST CENTER	ST/SC	RATE
DAY	MM/DD/YYYY-MM/DD/YYYY		DAY	MM/DD/YYYY-MM/DD/YYYY				
	HOURS	TENTHS		HOURS	TENTHS			
MON			MON	4	1			
TUE	2	6	TUE					
WED			WED	3	2			
THU	1	3	THU					
FRI			FRI	1	1			
SAT			SAT					
SUN			SUN					
TOT	3	9	TOT	8	4			

Position Number: _____ Effective Date: _____

I certify that this is an accurate record of my time for the period indicated.

Your Signature

Employee Signature (Required)

I certify the hours recorded, that I have first hand knowledge of all work performed and that the above distribution represents a reasonable estimate of the actual effort expended.

Authorized Faculty Signature

Supervisor/Manager Authorization (Required)