

Biweekly Time Report

 Non-Exempt Staff

 Non-Exempt Faculty

 Student

 Work-Study


Name: _____ Employee number: _____ Position number: _____

Department: _____ Period covered: _____ to _____

Day of week	Date	In for day	Out	In	Out	In	Out for day	Hours worked* at regular hourly rate	Hours worked* at 1½ regular rate	Hours worked* at double regular rate	Meal sanction hours
Thursday											
Friday											
Saturday											
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Monday											
Tuesday											
Wednesday											

Refer to the university policies website for policies concerning overtime compensation and required rest and meal breaks.
policies.usc.edu

I certify that the hours recorded are an accurate record of hours worked and that I took the meal and rest periods I am entitled to by law. _____ Employee or student signature _____ Date	I certify that this time report is an accurate statement of hours worked. _____ Supervisor signature _____ Date	Total hours					
		For dept. use only	Hourly rate				
			Totals				

Grand total

*Hours worked excludes unpaid meal breaks and includes paid rest breaks.