# Indiana University Flat Rate Affordable Care Time Sheet

Name_____ Empl ID_____ Dept _____

Pay Period from_____/____/____ to _____/_____/____ Record Number_____

| First Week | |
|---|---|
| **Day** | **Total Hrs.** |
| Sun | |
| Mon | |
| Tues | |
| Wed | |
| Thurs | |
| Fri | |
| Sat | |
| (Use HOURS and TENTHS of hours only) | |
| First Week Total Hours | |

| Second Week | |
|---|---|
| **Day** | **Total Hrs.** |
| Sun | |
| Mon | |
| Tues | |
| Wed | |
| Thurs | |
| Fri | |
| Sat | |
| (Use HOURS and TENTHS of hours only) | |
| Second Week Total Hours | |
| First Week Total Hours | |
| Period Total Hours | |

Certificate: I certify that the hours reported on this record are true and correct.

_____ _____

Employee's Signature Date Supervisor's Signature Date


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