Office: #

TIME DISTRIBUTION RECORD

SAMPLE

Employee's Signature: _____

Supervisor's Signature: _____ **Payperiod Date:** _____

			First Week						Second Week					
Program/Function	**Acct. Number**	**Cost Center**	**Mon.**	**Tues.**	**Wed.**	**Thurs.**	**Fri.**		**Mon.**	**Tues.**	**Wed.**	**Thurs.**	**Fri.**	**Total Hours**
			0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	**0.0**
			0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	**0.0**
Subtotal:			0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	**0.0**
H/V/C/P/S			0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	**0.0**
Total Hours:			0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	**0.0**
														0.0

Time and Effort is due the Monday of each pay week.