

REGULAR STAFF
 (Submit Every Other Monday
 to Personnel Office)

UNIVERSITY OF THE VIRGIN ISLANDS

BI-WEEKLY ATTENDANCE REPORT

Payroll Period Beginning: _____

Payroll Period Ending: _____

Department Name _____

Department Supervisor _____

Number of Employees _____

EMPLOYEE	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Wkly Total	BiWkly Total
Name _____ Signature	1	In								
		Out								
		Hrs								
Signature	2	In								
		Out								
		Hrs								
Name _____ Signature	1	In								
		Out								
		Hrs								
Signature	2	In								
		Out								
		Hrs								
Name _____ Signature	1	In								
		Out								
		Hrs								
Signature	2	In								
		Out								
		Hrs								
Name _____ Signature	1	In								
		Out								
		Hrs								
Signature	2	In								
		Out								
		Hrs								

Signature of employee affirms that his record of attendance is a true and correct statement of his daily arrivals and departures from work and that he has actually been present in the performance of his official duties during the times specified.

DATE: _____

VERIFIED: _____
 Department Head