

**City of Lockport**  
Employee Bi-Weekly Time Report

Employee \_\_\_\_\_

Department \_\_\_\_\_

Pay Period Beginning Date \_\_\_\_\_

Pay Period Ending Date \_\_\_\_\_

DATE	TIME IN	TIME OUT	REG HOURS	HOLIDAY HOURS	SICK TIME USED	VACATION USED	PPH USED	COMP 1	COMP 1.5	COMP USED	OVERTIME HRS 1.0	OVERTIME HRS 1.5	MEDICAL APPT	OTHER*
Fri														
Sat														
Sun														
Mon														
Tue														
Wed														
Thur														
Fri														
Sat														
Sun														
Mon														
Tue														
Wed														
Thur														

<b>TOTALS</b>														
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\* Please explain here \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee Signature \_\_\_\_\_

Supervisor / Department Head Signature \_\_\_\_\_