University of Scranton
Biweekly Time Effort Log

Account or Fund Number _____

Employee Name _____

Employee ID _____

Date	Description of Activity	Time Start	Time Stop	Time Start	Time Stop	Total Hours
	Total Hours this pay period					

To the best of my knowledge, the above represent an accurate summary of my employment hours during the reporting period.

_____

Employee signature and date

_____

Department head signature and date