

OEB Weekly Time Entry Form

PLEASE NOTE: ALL TIME CARDS MUST BE SUBMITTED BY 3PM ON FRIDAY'S

Name: _____

Week (Date Start – Date End): _____

HUID: _____

Job Title: _____

Dept: _____

Supervisor: _____

	Date (Month/Day)	Total Hours Worked		Time Type		Tub	Org	Fund	Activity	Sub-Act	Root
SUN											
MON											
TUES											
WED											
THURS											
FRI											
SAT											
WEEKLY TOTAL:											

Employee Signature: _____

Manager Approval: _____

Time Type will almost always be regular (REG), if you are an extended part time you taking vacation please mark (VAC)

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