

PAY PERIOD:

EMPLOYEE NAME		SAM ID		POSITION NUMBER			
EMPLOYEE CLASS		DEPARTMENT NAME			ORG. CODE	FTE	

BBF											
PP	REGULAR HOURS	EQUIV. PAID	OVERTIME PAID	COMP. EARNED AT EQUIV. TIME	OVERTIME COMP. EARNED	VACATION TAKEN	SICK TAKEN	EQUIV. COMP. TAKEN	OVERTIME COMP. TAKEN	ADMINI	
DATE	RGH	EQP	OTS	EQE	OTE	VHT	SCK	EQT	OTT		