

**SLIPPERY ROCK UNIVERSITY
ASSISTANT COACHES BIWEEKLY REPORTING WORKSHEET**

NAME: _____

PAY PERIOD ENDING DATE: _____

| DAY | DATE | START | FINISH | START | FINISH | START | FINISH | TOTAL HOURS WORKED | REASON FOR ADDITIONAL HOURS WORKED | OTHER LEAVE USED TYPE/HRS |
|--------------|------|-------|--------|-------|--------|-------|--------|--------------------|------------------------------------|---------------------------|
| SAT | | | | | | | | | | |
| SUN | | | | | | | | | | |
| MON | | | | | | | | | | |
| TUES | | | | | | | | | | |
| WED | | | | | | | | | | |
| THURS | | | | | | | | | | |
| FRI | | | | | | | | | | |
| TOTAL | | | | | | | | | | |
| SAT | | | | | | | | | | |
| SUN | | | | | | | | | | |
| MON | | | | | | | | | | |
| TUES | | | | | | | | | | |
| WED | | | | | | | | | | |
| THURS | | | | | | | | | | |
| FRI | | | | | | | | | | |
| TOTAL | | | | | | | | | | |

Assistant Coach Signature: _____ Date _____

Head Coach Signature: _____ Date _____

Athletic Director Signature: _____ Date _____

COMPLETE BIWEEKLY WORKSHEETS AND FORWARD TO PAYROLL BY NOON ON PAYDAY FRIDAYS.