

Salaried Employee Time Report

Month / Year _____



Employee Name _____ Cost Center/WBS _____
 Personnel Number _____ Position _____
 Weekly Work Hours _____

Day	Date	Reg Hours	Annual Leave	Sick Leave	Comp Taken	Other Non-Duty				Total	Sched Hours	Excess/Reduction	Comp Banked
						Code	Hours	Code	Hours				
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
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24													
25													
26													
27													
28													
29													
30													
31													
Total													

Absence Types [x=shift indicator (1,2,3)]				Attendance Types	
ACx	Admin Close (Scheduled)	DHx	Deferred Holiday	UAx	Unpaid Absence
UACx	Admin Close (Unscheduled)	HLx	Holiday	VLx	Voting Leave
ODAx	Off Day Admin Close (Scheduled)	ODHx	Off Day Holiday	ALPx	Admin Lv w/pay
FLx	Bereavement Leave	MLx	Military Leave	WKC	Workers' Comp
CLx	Court Leave	PDx	Personal Day	FML	Family Medical Leave
				WKCR	Record Workers Comp

- NOTE:** 1) Report all time in hours and hundredths of hours.
 2) Use decimals rather than fractions.
 3) This report should include absence and attendance hours **only for this position**.
 4) Staff: hourly employees should account for all hours in the employee's normal work day and work week.

Employee Signature _____ Date _____ Departmental Approver _____ Date _____
 Timesheet-Monthly (rev) 04-01-2010