

# EXEMPT SCHEDULE TIME CARD

Name \_\_\_\_\_  
first last

Month \_\_\_\_\_ Year \_\_\_\_\_

VACATION (V) _____	FLOATING HOLIDAY (FH) _____
HOLIDAY (H) _____	SICK (SL) _____
OTHER _____	
<b>FOR OFFICE USE ONLY</b>	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**CODES** Indicate an "X" for days worked. Indicate the appropriate code for other time.

V	Vacation	J	Jury Duty	JI	Job Injury
FH	Floating Holiday	LA	Leave of Absence	IW	Inclement Weather
H	Holiday	ML	Military Leave	Other	_____
SL	Sick Leave	CL	Compassionate Leave		

*By signing this time card I certify that all hours reported are accurate and complete.*

☞ Employee Signature \_\_\_\_\_ ☞ Supervisor Signature \_\_\_\_\_

SCHEDULES ARE DUE IN PAYROLL BY THE 1ST WORKING DAY OF THE FOLLOWING MONTH.

REV. 6/09

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