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 Code	Hours	Code	Hours	Code	Hours	Total	Sched Hours	Excess/ Reduction	Comp Banked
	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														

Absence Types [x=shift indicator (1,2,3)]

ACx	Admin Close (Scheduled)
UACx	Admin Close (Unscheduled)
ODAx	Off Day Admin Close (Scheduled)
FLx	Bereavement Leave
CLx	Court Leave
DHx	Deferred Holiday
HLx	Holiday
ODHx	Off Day Holiday
MLx	Military Leave
PDx	Personal Day
UAx	Unpaid Absence
VLx	Voting Leave
ALPx	Admin Lv w/pay
WKC	Workers' Comp

Attendance Types

FML	Family Medical Leave
WKCR	Record Workers Comp

NOTE: 1) Report all time in hours and hundrethhs or 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.

TImesheet-Monthly (rev) 4-8-10

_____ Employee Signature   _____ Date

_____ Departmental Approver   _____ Date