

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	Code	Hours				
	1														
	2														
	3														
	4														
	5														
	6														
	7														
	8														
	9														
	10														
	11														
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	25														
	26														
	27														
	28														
	29														
	30														
	31														

Absence Types [x=shift indicator (1,2,3)]						Attendance Types	
ACx	Admin Close (Scheduled)	DHx	Deferred Holiday	UAx	Unpaid Absence	FML	Family Medical Leave
UACx	Admin Close (Unscheduled)	HLx	Holiday	VLx	Voting Leave	WKCR	Record Workers Comp
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				

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.

Employee Signature

Date

Departmental Approver

Date