

CONTRACTED CLASSIFIED AND FACULTY EMPLOYEE TIMESHEET

MONTH/ YEAR	DATE	DY	EXTRA HRS	OVER- TIME HRS	LEAVE HOURS			COMP TIME		OTHER			
					LEAVE W/ PAY	LEAVE W/O PAY	SICK LEAVE	COMP WORKED	COMP USED	JURY DUTY	BEREAV	PAID LV EXTRA	FFCRA
	16												
	17												
	18												
	19												
	20												
	21												
	22												
	23												
	24												
	25												
	26												
	27												
	28												
	29												
	30												
	31												
	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
	11												
	12												
	13												
	14												
	15												
TOTAL HOURS													

EMPLOYEE SIGNATURE _____

IMMEDIATE SUPERVISOR SIGNATURE _____

COMMENTS

NAME: _____
(Last, First)

ID #: _____

POSITION #: _____
(Not Title)

THIS SECTION FOR PAYROLL USE ONLY

REG	_____
EXT	_____
OT	_____
PDL	_____
UPL	_____
SIC	_____
CTE	_____
CTT	_____
JUR	_____
BRV	_____
PLE	_____
SLC	_____

DEPARTMENT/EMPLOYEE NOTATIONS

MONTH/YEAR	DATE	DAY	NOTATIONS
	16		
	17		
	18		
	19		
	20		
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		
	29		
	30		
	31		
	1		
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	15		