

NAME _____ POSITION _____

BEGINNING MONTH / MONTH YEAR ENDING MONTH / MONTH YEAR BUILDING/ DEPARTMENT _____

DAY OF MONTH	SECTION ONE ANNUALIZED STAFF ONLY	SECTION TWO			SECTION THREE							
	If your weekly work schedule is 20 hours or more and your pay is spread over 12 months (Annualized), enter your scheduled hours in this section.	If your weekly work schedule is less than 20 hours per week, and your pay is not annualized, enter your time worked in this section. For Annualized staff use this section to record extra hours worked.			If you did not work your full schedule for the day, <u>also</u> record your time off (paid and unpaid) in this section.							
		ADDL HOURS WORKED	OVER TIME HOURS	COMP TIME EARNED	LEAVE W/O PAY	SICK LEAVE	PRSNL LEAVE	COMP TIME USED	VAC LEAVE	BRVMT LEAVE	HLDY PAY	JURY DUTY
16th												
17th												
18th												
19th												
20th												
21st												
22nd												
23rd												
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9th												
10th												
11th												
12th												
13th												
14th												
15th												
TOTAL												
I certify _____												
Employee's Signature _____ Date _____ Supervisor's Signature _____ Date _____												