

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															
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) | DHx Deferred Holiday
- UACx Admin Close (Unscheduled) | HLx Holiday
- ODAx Off Day Admin Close (Scheduled) | ODHx Off Day Holiday
- FLx Bereavement Leave | MLx Military Leave
- CLx Court Leave | PDx Personal Day

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.

Employee Signature

Date

Departmental Approver

Date