

CLASSIFIED EMPLOYEE TIME SHEET

please print

NAME: _____

PERIOD FROM: _____ TO: _____

LAST 4 DIGITS OF SOCIAL SECURITY NO.

DEPARTMENT: _____

DAY	DATE	REGULAR TIME			COMP. TIME/ OVERTIME		TIME EARNED				LEAVE TAKEN							
		IN	Lunch		OUT	IN	OUT	Comp. Time	Over-time	OT type *	Holiday	Annual	Sick	Req. for OT **	Comp. Time	Holiday	Personal	VRWS
			OUT	IN														
THURS.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
FRI.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
SAT.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
SUN.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
MON.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
TUES.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
WED.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
THURS.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
FRI.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
SAT.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
SUN.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
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TUES.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
WED.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch					
TOTALS																		

* Overtime Type: Voluntary or Mandatory ** Required for Overtime: Scheduled or Unscheduled

ACCRUAL SUMMARY

	ANNUAL LEAVE	SICK LEAVE	COMP.	HOLIDAY	FLOATING HOLIDAY	PERSONAL LEAVE	VRWS LEAVE
BALANCE BROUGHT FORWARD							
CHARGES THIS PERIOD							
SUB-TOTAL							
CREDITS EARNED THIS PERIOD							
BALANCE CARRIED FORWARD							

I certify that this time sheet is a true statement of hours worked.

I certify that I have reviewed this Time Sheet and I find it correct.

Employee Date

Supervisor Date

OT Approval (must be authorized by OT Ineligible Supervisor) Date

Supervisor – Printed name