

Official Staff Time Report

Name: _____ EMPL ID# _____

Explanation	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hours
Month/Date								
Total Hours Worked								
Vacation								
Sick								
OTHER Absent Time Explain in Notes								
Notes:								

CODE DESIGNATIONS: Show appropriate hours and code for absent time as follows:

- | | |
|------------------------------------|---|
| (A) Accident Benefits (WCI) | (B) Bereavement (State for whom) |
| (J) Jury Duty | (MT) Military Leave |
| (H) Holiday | (E) Emergency Leave (Explain in Remarks) |

I certify to the accuracy of the hours worked and authorized time off as recorded above. I understand that intentional or willful falsification of time records is a serious violation of University policy that will result in disciplinary action, including the possibility of immediate discharge.

Employee (Signature)	Date
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Supervisor (Signature)	Date
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