

Salaried Employee Time Report

Month / Year _____



Employee Name _____ Cost Center/WBS _____
 Personnel Number _____ Position _____
 or SSN _____ 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															
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Absence Types				Attendance Types			
AC1	Admin Close (Scheduled)	DH1	Deferred Holiday	UA	Unpaid Absence	FML	Family Medical Leave
UAC1	Admin Close (Unscheduled)	HL1	Holiday	VL1	Voting Leave	WKC	Workers Comp
FL1	Bereavement Leave	ML1	Military Leave				
CL1	Court Leave	PD1	Personal Day				

NOTE: 1) Report all time in hours and hundredths of 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