Department of Architecture
Staff Monthly Time Sheet

Name (last, first): _____ **Period Ending:** _____ **% Time:** _____

Day of Month	Hours Worked	Holiday Lv.	Vac. Lv.	Sick Lv.	Makeup Time	*C/T Earned Straight Time	*C/T Earned Prem. Time	Comp. Time Used	Other Leave (see codes)	Grand Total	Lv. Code
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
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17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Total											

Please complete timesheet in detail. Blank timesheet will not be accepted.

TIMESHEET DEADLINES: Due to supervisor for signature on 1st day of the month; due to Personnel Unit by 6th day of the month.

Employee's signature **Date**

Supervisor's signature **Date**

Leave Codes:

- **C = Compensatory Time Off**
- **E = Employee Representation Time**
- **H = Holiday**
- **J = Jury Duty**
- **L = Leave Without Pay**
- **M = Military Leave**
- **O = Comp. Time - Straight Pay**
- **P = Comp. Time - Premium Pay**
- **S = Supplemental Disability Leave**
- **T = Training, Workshops, Courses**
- **V = Voting**
- **D= Start program**

Overtime Calculation

OTP (prem.)		hrs. x 1.5	=
OTS (str.)		hrs. x 1.0	=
Total			=

***Overtime (comp. Time) Approval Form Must be Attached**

Total working hours in this month at 100% time:

(# of work days X 8 hrs.)

For Employee's Use:

Calculate your hours here!

	Prev. Bal.	Earned (+)	Used (-)	New Balance
VL				
SL				
CT				
Other				

For Personnel Office Use Only:

	Prev Bal	Accrual	Usage	New Bal
VL				
SL				
CT				
Other				

(Revised 10/03)