

Monthly Timesheet

Month/Year: _____ Carry Over Prior Month: _____

Name: _____	M.I. _____	Last _____
S#: S _____	Org ID: _____	

Day	Date	Beg. Time	Meal	End Time	Comments/Initials	Hours Worked	Leave Hours	LWOP	Daily Totals			
Sat												
Sun												
Mon												
Tue												
Wed												
Thu												
Fri										<u>Reg</u>	<u>OT</u>	<u>CTE</u>
First Week Totals												
Sat												
Sun												
Mon												
Tue												
Wed												
Thu												
Fri										<u>Reg</u>	<u>OT</u>	<u>CTE</u>
Second Week Totals												
Sat												
Sun												
Mon												
Tue												
Wed												
Thu												
Fri										<u>Reg</u>	<u>OT</u>	<u>CTE</u>
Third Week Totals												
Sat												
Sun												
Mon												
Tue												
Wed												
Thu												
Fri										<u>Reg</u>	<u>OT</u>	<u>CTE</u>
Fourth Week Totals												
Sat												
Sun												
Mon												
Tue												
Wed												
Thu												
Fri										<u>Reg</u>	<u>OT</u>	<u>CTE</u>
Fifth Week Totals												
Monthly Totals												

Total Hours by Type of Leave			
_____ (A) Annual	_____ (FMLA) FML-Annual	_____ (FN) Funeral	_____ (S) Sick
_____ (AD) Administrative	_____ (FMLF) FML-Family Sick	_____ (FS) Family Sick	_____ (T) STD
_____ (AL) Alternative Holiday	_____ (FMLH) FML-Holiday	_____ (H) Holiday	_____ (VF) Vol Furlough
_____ (CT) Court	_____ (FMLL) FML-LWOP	_____ (JR) Jury	_____ (WC) Workers Comp
_____ (CTU) Comp Time Use	_____ (FMLS) FML-Sick	_____ (MI) Military	_____ (ADV) Admn Vol Leave
_____ (ED) Education	_____ (FMLT) FML-ST	_____ (MT) Military Train	_____ (O) Other _____
CTE over 240 hours to be paid: _____			

Employee: _____ Signature _____ Date _____
Print Name Signature Date

Supervisor: _____ Signature _____ Date _____
Print Name Signature Date

Monthly Timesheet

INSTRUCTIONS FOR FILLING IN TIME SHEET (O.T. ELIGIBLE)

MONTH/YEAR – This is the month and year for the pay period you are reporting (i.e., July/2017 for time worked the month of July, 2017.)

ORG ID – The Org ID for department where employee works.

EMPLOYEE S ID NUMBER – Employee's S# in Banner.

NAME – Employee's first and last name. (Please Print)

DATE – The date of each day of the month for which you are reporting time. Start the first day of the month on the correct day of the week (i.e., if the first day of July 2010 starts on Monday than next to Monday on the first week, enter 7/1)

BEG. TIME – This is the exact time the employee starts working each day. This should be filled in daily by the employee. The employee should not wait until the end of the month to complete this column.

MEAL – This is the amount of time taken for a meal break (i.e., 1 hour). This should be filled in daily by the employee. The employee should not wait until the end of the month to complete this column.

END TIME – This is the exact time the employee stops working each day. This should be filled in daily by the employee. The employee should not wait until the end of the month to complete this column.

HOURS WORKED – This is the number of leave hours taken each day. Indicate the type of leave taken next to the number of hours using the leave codes at the bottom of the time sheet (i.e., 8 A, for hours of Annual Leave)

LEAVE HOURS – This is the number of leave hours taken each day. Indicate the type of leave taken next to the number of hours using the leave codes at the bottom of the time sheet. (i.e., 8 A, for 8 hours of Annual Leave)

LWOP – This area is used to report unpaid leave.

DAILY TOTAL – Enter the daily totals using the following calculation: Daily Total = Hours Worked + Leave Hours

WEEKLY TOTALS – (Do not fill in shaded areas):

- Total of all hours actually worked in a week.
- Total of all leave hours taken in a week.
- Total hours of leave without pay taken in a week.
- Daily totals equals hours worked + leave taken.
- Reg. is the total of hours worked in a week (max 40 hrs.) plus all leave hours for the same week.
- OT is the amount of actual time worked over 40 hours in one week and to be paid as overtime.
- CTE is the amount of actual time worked over 40 hours in one week, to be used as compensatory time.

MONTHLY TOTALS – Employee adds the total from all five weeks for each column to arrive at monthly totals.

TOTAL HOURS BY TYPE OF LEAVE – Employee enters the total amount of leave taken for the month next to the appropriate type of leave. (i.e., if the employee takes 8 hours annual leave and 6 hours of sick leave for the entire month, then they would write 8 next to annual leave and 6 next to sick leave)

CTE OVER 240 HOURS TO BE PAID – Enter the number of hours of compensatory time earned over 240 hours to be paid at regular hours. (Appointing authorities must ensure that compensatory time is scheduled as soon as practical. Compensatory time shall not exceed 240 hours and any additional overtime must be paid at the next regular pay period)

EMPLOYEE SIGNATURE/DATE – The employee must sign and date their time sheet before submitting it to their supervisor.

SUPERVISOR SIGNATURE/DATE – The supervisor must review, sign, and date the employee's time sheet before submitting it to HR.

TIME SHEETS ARE DUE TO HR BY THE LAST BUSINESS DAY OF EACH MONTH.