

EMPLOYEE TIME REPORT

EMPLOYEE: _____

EXEMPT ___ NON-EXEMPT ___

PERSONNEL NUMBER: _____

LOCATION/DEPT _____

| Attendance | A/A Code | Charge Object | Sun | Mon | Tues | Wed | Thurs | Friday | Sat |
|---|----------|-----------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Time Worked | 9500 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *OTHER | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *OTHER | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Hours | 9510 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Absence | A/A Code | | | | | | | | |
| Approved Leave | 9000 | | | | | | | | |
| Holiday | 9300 | | | | | | | | |
| Sick Leave | 9200 | | | | | | | | |
| Comm. Service | 9560 | | | | | | | | |
| Comm. Service Tutoring | 9565 | | | | | | | | |
| Adverse Weather | 9545 | | | | | | | | |
| LWOP | 9400 | | | | | | | | |
| **OTHER: | | | | | | | | | |
| Comments: _____ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| *OTHER ATTENDANCE CODES | | | | | **OTHER ABSENCE CODES | | | | |
| Adverse Weather Makeup | 9512 | On-Call | 9517 | Administrative Leave | 9540 | Military Training Leave | 9620 | | |
| Worked Emergency Closing | 9514 | Callback | 9516 | Educational Leave | 9570 | Workers Comp Leave | 9680 | | |
| Travel Time | 9515 | Remote Callback | 9511 | | | Injury Leave | 9685 | | |
| PREMIUM CODES: 1 = Night 2 = Evening 6 - Stop Premium | | | | | | | | | |

EMPLOYEE SIGNATURE _____ DATE: _____