

MONTHLY TIME SHEET

Prof/Tech	
Career/Full Time	
Career/Part Time	
Student Worker	

EMPLOYEE: _____ PID # _____ MONTH/YR _____
 ACCOUNT #: _____ GL # _____ RATE/HR: _____
 ORG. CODE: _____

COMP TIME BALANCE FROM PRIOR MONTH		HOURS.
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Week Beginning Dates: (Work period begins on first of the month, to last day of the month)																				
Dates:																				
	Week Date	Hrs. Worked	Paid Coded Hours	Code	Week Date	Hrs. Worked	Paid Coded Hours	Code	Week Date	Hrs. Worked	Paid Coded Hours	Code	Week Date	Hrs. Worked	Paid Coded Hours	Code	Week Date	Hrs. Worked	Paid Coded Hours	Code
Sat																				
Sun																				
Mon																				
Tue																				
Wed																				
Thu																				
Fri																				
Total																				
Norm																				
O/T																				

Leave taken during month		
Type	Dates	# Days or hours

If using pre-approved Family Medical Leave, please indicate F/L for leave without pay. See PSC Procedure 6067 for information on required forms.

PAYROLL OFFICE USE ONLY	
Regular Hours	
Straight	
T 1/2	
Non-Comp	

Pay Codes & Leave Types	
Code	Description
CMPE	Compensatory Time Earned
CMPU	Compensatory Time Used
CSUZ	Consulting Leave
HLDY	Holiday
JURY	Jury Duty (Attach Jury Certification)
LWOP	Leave Without Pay (Must be approved by appropriate President's Staff Member)
MILT	Military Duty (Attach Orders)
PDND	Paid Non-Duty Day
PERS	Personal With Pay (Sick Leave)
SICK	Sick Leave
T	Travel Status (Duty or Professional)
VREG/VADM	Vacation

We hereby certify that the employee has worked for Polk State College for all contractual hours and/or days except as indicated, and the information hereon is correct.

Employee (must sign in ink)

 Supervisor (if applicable)

COMP TIME CARRIED FORWARD TO NEXT MONTH		HOURS
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