

College of Built Environments

2014-15 Monthly Staff Timesheet

Name _____ % FTE _____ Month _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Reg Hours Worked															
Overtime Hours*															
Comp Time Used															
Annual Leave															
Sick Leave															
Other **															
Daily Total															

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Reg Hours Worked																
Overtime Hours*																
Comp Time Used																
Annual Leave																
Sick Leave																
Other **																
Daily Total																

Instructions: Must be completed in INK. Work week begins Monday at 12:00AM.

* Indicate the number of hours worked in excess of your normally scheduled hours.

** Indicate other types of paid leave you used to account for your time (i.e., H for holiday, PH for personal holiday, SL for shared leave, etc.).

We certify that the information provided above is accurate and complete.

Employee Signature and Date: _____

Supervisor Signature and Date: _____