

EMPLOYEE TIME REPORT

rev 10.20.10

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"/>
			<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: _____

SUPERVISOR SIGNATURE _____ DATE: _____