



EMPLOYEE TIME REPORT

Non-Exempt Employee

Month	Year

PLEASE PRINT OR TYPE

Name _____ Department _____
LAST FIRST M.I.

BOX A – Please enter appropriate letter on date(s) absent:

BOX B – Please enter the number of hours worked or to be charged to: **V, S, PH, H** or **O**

Absence Codes	V	Vacation
	S	Sick
	PH	Personal Holiday
	H	Holiday
	O	Other (specify)

	A	B		A	B		A	B		A	B
1	<input type="checkbox"/>	<input type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>			

Specify _____

Employee Signature _____ Supervisor Signature _____

Date _____ Date _____

An Absence Report is required and due in the Human Resources Office within 5 days after the close of the month. Employee and Supervisor certify this report is correct.

VACATION

- Vacation is earned at a rate applicable to length of service. *See Staff Manual for guidelines.*

Years of Employment	Vacation Days Allowance	Max. Days Earned Per Month
Less than 5 years	3 weeks (15 days)	5/6
More than 5 years	4 weeks (20 days)	1 1/4
Senior Administrators	5 weeks (25 days)	2 1/2

SICK LEAVE

- Employees who work a five-day work week of equally divided hours year round and at least 1040 hours per year earn one day of sick leave per month.

PERSONAL HOLIDAYS

- Employees who work at least 1040 hours per year are eligible for 3 personal holidays during the fiscal year (July 1 through June 30).
- Personal holidays must be taken in the contract year granted or they are lost.

HOLIDAYS

- Employees who work at least 1040 hours are eligible for holiday pay in accordance with the holiday schedule published by the University.