



NON-INSTRUCTIONAL STAFF ATTENDANCE REPORT

(Campus Supervision, Recreation & Distance Delivery Staff Only)

Employee Name _____

For month / year _____

HOURS WORKED AND ENTITLEMENTS TAKEN

AH Annual Holiday
 IC Casual Illness
 IG General Illness (attach doctor's note)
 LTDI Long Term Disability
 UB Union Business
 LWOP Leave Without Pay

SP Special Leave
 Bereavement Leave (state who)
 Travel Time (state where)
 Family Illness (state who)
 Moving Day
 Mourner (state who)

OTH Please specify _____

Date	Regular Hours Worked	1/2 hr Lunch	Overtime Hours Worked	# of Overtime Hours Worked	TOIL TAKEN	Remarks
	From (hour) To (hour)	@ 1	From (hour) To (hour)			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total Hours Worked		x 1		x 1 x 1.5	.2	Total TOIL Taken = D
Calculated Hours Earned		Payout		= A	= B = C	

TOIL SUMMARY	Previous Balance	Add: OT Earned (total of A, B, & C))	Less: TOIL Taken (D)	Balance Forward	Remarks

Capital or Project Work Description	Chargeback Budget Code	Capital Approval #	Number of Hours	HR Office Use Only
				\$ Chargeback HR Code

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

- > **THE TIMESHEET MAINTAINED BY HUMAN RESOURCES IS THE OFFICIAL DOCUMENT.**
- > Please retain a copy for your reference.
- > Human Resources will return a photocopy of your timesheet if there are corrections.

EMPLOYEE#:	
_____	_____
DATE	ENTERED
DATE	VERIFIED