# EMPLOYEE TIME RECORD

## NAME

____________________________________

## REPORT PERIOD

____________________________________

Indicate number of hours worked each day or reason for absence (i.e., personal leave, vacation, sick, etc.—see below). Please put the date in the appropriate boxes.

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</table>

I certify that the hours and/or days of leave recorded above are true and accurate.

EMPLOYEE ___________________________ DATE______________

SUPERVISOR ___________________________ DATE______________

Examples:  8.0 or 9.5 hours  
V ½ or S if half a vacation day or full sick day  

| S | Sickness/Personal 
| SF | Sickness/Family  
| PL | Personal Leave  
| V | Vacation  
| B | Bereavement Leave  
| H | Holiday  
| CC | College Closed  
| A | Absent  
| JD | Jury Duty  
| C | Court Summons  
| M | Military  
| R | Religious Day  
| EX | Excused-Professional Mtg.  
| SDO | Scheduled Day Off (summer only)  

*NCD – Non-contract day