

## BISHOP STATE COMMUNITY COLLEGE NON-EXEMPT EMPLOYEE MONTHLY TIME SHEET

Name: \_\_\_\_\_

Department: \_\_\_\_\_

**Leave Codes:**

- AL - Annual Leave
- CT - Compensatory Time
- EL - Emergency Leave
- HD - Holiday
- JD - Jury Duty
- PL - Personal Leave
- PRO L - Professional Leave
- SL - Sick Leave

\_\_\_\_\_  
(Month/Day(s)/Year)

Day	WORK		*TIME OUT		NET HOURS	LEAVE CODE
	FROM	TO	FROM	TO		
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
TOTAL WEEKLY HOURS						

\_\_\_\_\_  
(Month/Day(s)/Year)

Day	WORK		*TIME OUT		NET HOURS	LEAVE CODE
	FROM	TO	FROM	TO		
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
TOTAL WEEKLY HOURS						

\_\_\_\_\_  
(Month/Day(s)/Year)

Day	WORK		*TIME OUT		NET HOURS	LEAVE CODE
	FROM	TO	FROM	TO		
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
TOTAL WEEKLY HOURS						

\*For all time out, excluding lunch time, please place the appropriate leave code in the leave code form.

(Month/Day(s)/Year)

WORK		*TIME OUT				
Day	FROM	TO	FROM	TO	NET HOURS	LEAVE CODE
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
TOTAL WEEKLY HOURS						

(Month/Day(s)/Year)

WORK		*TIME OUT				
Day	FROM	TO	FROM	TO	NET HOURS	LEAVE CODE
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
TOTAL WEEKLY HOURS						

**The completed and approved Time Sheet shall be retained in accordance with applicable state and federal regulations. Falsification of this document shall be cause for termination.**

**I HEREBY CERTIFY THAT THIS SCHEDULE SHOWS CORRECTLY THE NUMBER OF HOURS WORKED BY ME DURING THE PERIOD COVERED.**

\_\_\_\_\_  
Employee's Signature

**APPROVAL:**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\*For all time out, excluding lunch time, please place the appropriate leave code in the leave code form.