

PSU ID # or SSN	Name (Last, First)	ECLS
Pay Period (MM-YYYY)	Department Name	Position #
Appointment %	Department Org Code	Salary Grade



UNCLASSIFIED TIME SHEET MONTHLY CYCLE

	HOURS	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	Reg Pay	Other Pay	Payroll Use	OT Accrue		
		WORKED	REGULAR																																			SAL
OTHER REGULAR PAY																																			SLP		Add'l Regular Pay	
OVERTIME																																			OTP		LEF	
HOLIDAY WORKED																																			OTP		LEF	
LEAVE TAKEN	SICK LEAVE TAKEN																																			LTS	DUE: Next Month on 10th	
	VACATION LEAVE TAKEN																																			LTV	Please total your timesheet and verify leave balances in Banner prior to completing & submitting	
	FLSA COMP TIME USED																																		LTF			
	PRESIDENT'S LEAVE TAKEN																																			LW6		
	JURY DUTY & OTHER LEAVE WITH PAY*																																			LW1		
LEAVE TAKEN WITHOUT PAY																																				LW3		Use when other leave is exhausted
REMARKS - * Required where marked																				Column Totals																		

Labor Distribution				Employee Signature				HR USE			
Index		% of hours	Earn Code	I hereby certify that the hours recorded on this timesheet are correctly stated as worked; and that the percentages of effort identified within the labor distribution section are an accurate record of my work.							
Index		% of hours	Earn Code								
Index		% of hours	Earn Code								
Index		% of hours	Earn Code								
Index		% of hours	Earn Code								
Research Accounting Approval				Supervisor Signature							
				I hereby certify that the hours recorded above are a true and accurate record of this employee's time worked. I also acknowledge that the percentages for earnings identified in the labor distribution section of this time sheet represent a reasonable estimate of work effort performed for PAR purposes.							
Signature _____ Date _____				Signature _____ Extension _____ Date _____							

Please Do Not Fax