

APRIL 2009

Employee Name _____

Work Start Time _____

WEEKLY/MONTHLY TIME SHEET AND LEAVE APPROVAL FOR CLASSIFIED AND CONTRACT CLASSIFIED EMPLOYEES OF THE JOINT INSTITUTE FOR THE STUDY OF THE ATMOSPHERE AND OCEAN

Leave**
Approval

Supervisor

Supervisor

Supervisor

Supervisor

Supervisor

Indicate the number of hours you worked during your regular work schedule and any overtime or leave taken.

For the overtime earned this month, I (the employee) would like:

_____ of the hours to be paid. _____ of the hours as compensatory time.

We certify that the hours claimed for payment and/or compensatory time are correct.

Employee Signature _____ Supervisor Signature _____

*Weekly Totals: total ONLY hours worked and overtime.

**Prior approval required for all leave except sick leave, which must be approved within three days of returning to work.

Leave Key			FMLA Covered Leave	
W:Hours Worked	HA:Holiday Credit Accrued	C:Civil Leave	AF:Annual Leave	HF:Holiday Credit
A:Annual Leave	HU:Holiday Credit Used	L:Leave Without Pay	SF:Sick Leave	LF:Leave without Pay
S:Sick Leave	PH:Personal Holiday	M:Military Leave	PHF:Personal Holiday	SHF:Shared Leave
CA:Comp Time Accrued	B:Bereavement Leave	SH:Shared Leave Used		
CU:Comp Time Used	OP:Overtime Worked & Paid			