

AUGUST 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

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.

All codes for leave can be found at <http://www.jisao.washington.edu/JISAO_admin/PAYROLL/leave_key.htm>