

# MAY 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](http://www.jisao.washington.edu/JISAO_admin/PAYROLL/leave_key.htm)>