

# University of Arkansas at Monticello

## TIME RECORD: For Classified and Hourly Employees

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Department \_\_\_\_\_

Pay Period Beginning \_\_\_\_\_ Pay Period Ending \_\_\_\_\_

Date	Reg. Hours Worked	Leave Taken		Overtime		
		Hours	Code	Start	End	Hrs. Wkd.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Tot.						

Date	Reg. Hours Worked	Leave Taken		Overtime		
		Hours	Code	Start	End	Hrs. Wkd.
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Tot.						

<b>Total Hours for the Pay Period</b>						
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**SUMMARY**

Vacation Hours Taken (V) \_\_\_\_\_  
 Sick Hours Taken - Employee (SE) \_\_\_\_\_  
 Sick Hours Taken - Family (SF) \_\_\_\_\_  
 Holiday (H) \_\_\_\_\_  
 Other (Describe) (O) \_\_\_\_\_

Overtime Hours Worked \_\_\_\_\_

My signature certifies the above recorded hours worked and leave taken are correct.

\_\_\_\_\_  
Signature (Employee)

\_\_\_\_\_  
Signature (Supervisor)