



NONEXEMPT EMPLOYEE TIMESHEET AND LEAVE RECORD

NAME: [icon] UIN: MONTH: YEAR:

TITLE: DEPT. ORIG. DATE OF EMPLOYMENT:

With few exceptions, state law gives you the right to request, receive, review, and correct information about yourself collected by this form.

Table with columns: HOURS WORKED (REGULAR), OVERTIME WORKED (FEDERAL, STATE), HOLIDAY, COMPENSATORY (FEDERAL, STATE), LEAVE TIME USED (HOURS) (VACATION, SICK\*, EMER., LWOP). Rows include days of the week (MON-SUN) and a TOTAL row.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Employee

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Head of Department

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Next Administrative Level (Only if employee is Department Head)

**OVERTIME:** is time worked the department head's permission, over 40 hours in a single work week (a workweek is from Monday 12:01AM through Sunday 12:00PM).

**COMPENSATORY:** is received for Federal & State overtime for the applicable rate earned.

**VACATION:** with pay may not be granted until the employee has had continuous employment with the state for six (6) months, although credit will be accrued during that period. At the close of the year only the maximum amount as corresponds to service can be carried forward.

**HOLIDAYS:** Employees must work the day before and the day after a holiday to receive pay for the holiday. (Vacation and sick leave are counted as "work days".) Post time under holiday columns.

**SICK LEAVE:** with pay must be taken when sickness, injury, or pregnancy and confinement prevent the employee's performance of duty or when a member of his immediate family is actually ill. Immediate family is defined as those individuals related by kinship, adoption, or marriage who are living in the same household or if not in the same household are totally dependent upon the employee for personal care or service on a continuous basis. An employee who must be absent from duty because of illness shall notify his supervisor or cause him to be notified of that fact at the earliest practicable time. Sick leave with pay not be in excess of the amount accrued. Should illness extend beyond that amount of sick leave accrued, the employee may be placed on leave without pay status. To be eligible for accumulated sick leave with pay during a continuous period of MORE THAT THREE (3) working days, an employee absent due to illness shall send to the administrative head of the department a doctor's certificate showing the cause or nature of illness, or some other written statement of the facts concerning the absence which is acceptable to such administrative had.

**EMERGENCY LEAVE:** the death of the employee's spouse, or the employee's spouse's parents, brothers, sisters, grandparents, and children shall constitute adequate need for emergency leave.

**LEAVE WITHOUT PAY:** with the approval of the department head and Next Administrative Level, leave without pay must be taken when all appropriate leave is exhausted. If leave without pay is taken, a Request for Employee Payroll Change must be submitted to Personnel Services.

**NOTE:** Each time an absence of any nature occurs, a Leave Request must be submitted in Leave Traq

**NOTE:** Check with your department head for information concerning absence due to snow day.

**NOTE:** THIS TIMESHEET DOES NOT CHANGE PAYROLL, A PAYROLL CHANGE FORM MUST BE SUBMITTED IN ORDER TO ALTER PAYROLL.

For further information, contact Personnel Services.

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(For Personnel Use Only)

Number Months State Service \_\_\_\_\_ Original Date of Employment \_\_\_\_\_

STATE FEDERAL VACATION SICK

Balance From Last Month: \_\_\_\_\_

Accrued Time For Present Month: \_\_\_\_\_

TOTAL: \_\_\_\_\_

Less Time Expended Or Expired: \_\_\_\_\_

BALANCE FORWARD: \_\_\_\_\_