

# METROPOLITAN STATE UNIVERSITY of DENVER

## Non-Exempt Monthly Timesheet/Leave Report

Month April 2021  
900# \_\_\_\_\_

Name \_\_\_\_\_ Dept. \_\_\_\_\_

Day	Date	Time In	Time Out	Leave Used	Total Hrs (1/4 hour)	Day	Date	Time In	Time Out	Leave Used	Total Hrs (1/4 Hour)
Sat						Sat	17				
Sun						Sun	18				
Mon						Mon	19				
Tues						Tues	20				
Wed						Wed	21				
Thu	1					Thu	22				
Fri	2					Fri	23				
<b>Weekly Subtotal</b>						<b>Weekly Subtotal</b>					
Sat	3					Sat	24				
Sun	4					Sun	25				
Mon	5					Mon	26				
Tues	6					Tues	27				
Wed	7					Wed	28				
Thu	8					Thu	29				
Fri	9					Fri	30				
<b>Weekly Subtotal</b>						<b>Weekly Subtotal</b>					
Sat	10					Sat					
Sun	11					Sun					
Mon	12					Mon					
Tues	13					Tues					
Wed	14					Wed					
Thu	15					Thu					
Fri	16					Fri					
<b>Weekly Subtotal</b>						<b>Weekly Subtotal</b>					

Total Vacation \_\_\_\_\_ Total Sick \_\_\_\_\_ Total Other \_\_\_\_\_ Total Overtime \_\_\_\_\_ Monthly Total \_\_\_\_\_

Record your arrival and departure time for each day of the month and post the number of hours worked each day including overtime or the appropriate symbol (listed below) and number of hours of leave taken. If overtime is worked, it will be recorded as compensatory time and must be taken within 60 days. You may accrue up to 40 hours of overtime equating to 60 hours of compensatory time. Paid overtime must be pre-approved with a requisition and recorded on a time card.

Complete the summary box; obtain appropriate signatures then return to Human Resources by the third working day of the following month.

I certify hours shown above are a complete and accurate record of the time worked for this reporting period. All leave taken and/or taken as compensatory time was reported and approved by my supervisor.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

### Leave Codes

<b>A</b>	Annual Leave	<b>CC</b>	Campus Closure
<b>S</b>	Sick	<b>ADM *</b>	Administrative Leave
<b>F</b>	Funeral Leave (Verification documentation must be attached to timesheet)	<b>LWOP</b>	Leave Without Pay
<b>J</b>	Jury Duty (Verification documentation must be attached to timesheet)	<b>M</b>	Military Leave
<b>IOJ *</b>	Injury Leave (Workman's Comp claim filed)	<b>PAR *</b>	Parental Leave
<b>H</b>	Holiday Leave	<b>MED *</b>	Medical Leave
<b>CTE</b>	Compensatory Time Earned	<b>VFL</b>	Voluntary Furlough Leave
<b>CTT</b>	Compensatory Time Taken	<b>MFL</b>	Mandatory Furlough Leave

\* ADM Leave Must be approved in writing by Director of Human Resource prior to taking leave

\* PAR, MED and IOJ must be approved by the Benefits Team in Human Resources prior to taking leave

**Please SCAN completed timesheets to K WALL7@MSUDENVER.EDU**