

# METROPOLITAN STATE UNIVERSITY of DENVER

## Non-Exempt Monthly Timesheet/Leave Report

Month December 2020  
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	19				
Sun						Sun	20				
Mon						Mon	21				
Tues	1					Tues	22				
Wed	2					Wed	23				
Thu	3					Thu	24				
Fri	4					Fri	25				
<b>Weekly Subtotal</b>						<b>Weekly Subtotal</b>					
Sat	5					Sat	26				
Sun	6					Sun	27				
Mon	7					Mon	28				
Tues	8					Tues	29				
Wed	9					Wed	30				
Thu	10					Thu	31				
Fri	11					Fri					
<b>Weekly Subtotal</b>						<b>Weekly Subtotal</b>					
Sat	12					Sat					
Sun	13					Sun					
Mon	14					Mon					
Tues	15					Tues					
Wed	16					Wed					
Thu	17					Thu					
Fri	18					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>ADM</b> <input type="checkbox"/>	Administrative Leave
<b>S</b>	Sick	<b>LWO</b>	Leave Without Pay
<b>SF</b>	Sick Leave-Family	<b>M</b>	Military Leave
<b>F</b>	Funeral Leave (Verification documentation must be attached to timesheet)	<b>MT</b>	Military Training Leave
<b>J</b>	Jury Duty (Verification documentation must be attached to timesheet)	<b>STD</b>	Short-term Disability
<b>IOJ</b>	Injury Leave (Workman's Comp claim filed)	<b>FMA*</b>	Family/Medical Leave-annual
<b>H</b>	Holiday Leave	<b>FMD*</b>	Family/Medical Leave-STD
<b>CC</b>	Campus Closure	<b>FMS*</b>	Family/Medical Leave-sick
<b>CTE</b>	Compensatory Time Earned	<b>FMF*</b>	Family/Medical Leave-family sick
<b>CTT</b>	Compensatory Time Taken	<b>FML*</b>	Family/Medical Leave-unpaid

\* For birth, placement for adoption/foster care, serious health condition of self or family member. Leave must be pre-approved by appointing authority in Human Resources, except in emergencies.

❖ Must be approved in writing by Director of Human Resource prior to taking leave.

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