

Southern Oregon University Classified Employee Time Sheet

Month/Year:	
Name (Please Print):	
Employee ID No.:	
Department:	
Supervisor's Name (Please Print):	
I certify that the hours indicated on this report are accurate.	
Employee's Signature	Date
I certify that the assigned work has been performed and payment is due as certified. Overtime has been approved and budgeted.	
Supervisor's Signature	Date
Submit certified time sheet to the Payroll Office 2 workdays days after the last workday of the month.	

For Payroll Use Only							
Hours Worked	Hours Drawn	Total Hours		Standard Month			
	Sick Leave	Vac. Leave	Holiday	Comp FLSA	Comp Cont.	Pers. Leave	Other
Beginning Balance							
Hours Accrued							
Hours Taken							
Next Month Available Balance							
Processed by:							

	Show Actual Hours Worked (example: 8-12AM / 1-5PM)	Hours Worked			Hours Used								
		Reg	OT Pay	OT Comp	Sick Leave	Vac. Leave	Holiday	Comp FLSA	Comp Cont.	Pers. Leave	LWOP		Other (expl)
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TH													
F													
SA													
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