## **Monthly Time Record**

For the Month of

, 20

Employee Name

## Please submit timesheet on a Case Management, "EMPLOYEE TIMESHEET CHANGES"

## TICKET NO LATER THAN THE 15TH OF EACH MONTH \*Estimated hours worked to the end of the month\* 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 5 2 3 4 1 Total All Hours Worked REG \*Actual Hours Worked 16th-31 REG Sick/Family Care SKL Vacation VAC Comp Time Used СТО Holiday Worked HOL Jury Duty SDF NDF Shift \*REMEMBER: Any adjustments to your timesheet must be reported with a "REVISED" timesheet with department signature for changes. Total Please submit revised timesheet as soon as possible Timesheet Comments: For SSC Use Only СТА OTS I certify that no other hours have been worked except as noted above. OTP SDF LWOP Supervisor's Signature **Employee's Signature** OTS

OTP

OTHER

Employee's Signature

\*REVISED

Supervisor's Signature \*REVISED