

# University of Arkansas - Monthly Time Sheet

Name: \_\_\_\_\_ BU: \_\_\_\_\_ Month: \_\_\_\_\_  
 Emp ID: \_\_\_\_\_ Appointed: \_\_\_\_\_ Year: \_\_\_\_\_

Date	Day	In	Out	In	Out	In	Out	Total Work	Leave Codes			Total Hrs	Extra Time	
									V	S	Other Leave			
<b>Example:</b>		8:00 AM	10:00 AM	12:30 PM	2:30 PM			4.00	1.00	1.00	2.00	F	8.00	
	Sun													
	Mon													
	Tue													
	Wed													
	Thu													
	Fri													
	Sat													
<b>WEEK TOTAL</b>														
	Sun													
	Mon													
	Tue													
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<b>WEEK TOTAL</b>														
	Sun													
	Mon													
	Tue													
	Wed													
	Thu													
	Fri													
	Sat													
<b>WEEK TOTAL</b>														

I certify that this is a true statement of the hours worked by this employee for the time period indicated on this timesheet and that it is an auditable document to be retained in the department.

Employee Signature	Date	<b>EXTRA TIME</b> Extm: If applicable receive as: Comp Time: _____ Overtime Pay: _____	<b>LEAVE SUMMARY</b> Annual Leave Sick Leave Other Leave <b>Total Leave</b>
Supervisor Signature	Date		

Post to BASIS	Date:	By:	Extm:
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