



# EMPLOYEE TIME AND ABSENCE RECORD

**Employee Name:**  
**Supervisor:**  
**Pay Period End Date (Required):**

**Employee Number:**  
**Department:**  
**Supervisor Phone Number:**

**Program/Workshop  
Description**

*\*Fill in the first row and then click the checkbox below to auto-fill start/end times and regular hours.*

Date	Start Time	End Time	Start Time	End Time	Regular Hours	Overtime Hours	Absence Code	Absence Hours	*Auto Fill?	Substitute Information <small>Name of substitute or name of person for whom you are substituting</small>	Additional Hours

ASN:                      Acct:                      %  
 ASN:                      Acct:                      %  
 Submit to HR

ASN:                      Acct:                      %  
 ASN:                      Acct:                      %  
 General-Funded      Grant-Funded

<b>Employee Signature:</b>	<b>Date:</b>	<b>Staffing Signature:</b>	<b>Date:</b>
<b>Supervisor Signature:</b>	<b>Date:</b>	<b>Compliance Signature:</b>	<b>Date:</b>
<b>Supervisor Signature:</b>	<b>Date:</b>		

**Human Resources Use Only**

Total Hours	Sick	Pers	Vac	Dock	Other

**Processed By:**                      **Date:**  
**Verified By:**                      **Date:**

**Office Use Only**  
**Additional Hours**  
**Summer School**  
**Workshop Pay**