EMPLOYEE TIME AND ABSENCE RECORD

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

Employee Number:
School/Department:
Position:

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 Name of substitute or name of person for whom you are substituting	Additional Hours Choose Pay Type
							Choose a code.		☐		
							Choose a code.				
							Choose a code.				
							Choose a code.				
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							Choose a code.				

ASN: **Acct:** **%** 0.00%
ASN: **Acct:** **%** 0.00%
Submit to HR

ASN: **Acct:** **%** 0.00%
ASN: **Acct:** **%** 0.00%
General-Funded **Grant-Funded**

Employee Signature: **Date:**
Supervisor Signature: **Date:**
Supervisor Signature: **Date:**

Staffing Signature: **Date:**
Compliance Signature: **Date:**

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**