



Individual Time Sheet

Revised 01/09/19

Form Owner: Financial Services

Location: http://www.4J.lane.edu/files/forms/FINSVC/4J_FINSVC_timesheet.xls

PAYROLL INFORMATION

Name: _____ Employee Number: _____ Building: _____ Pay Period (MMM/YY) _____

Position: _____ Employee Group (please check one): Classified Temp Student Certified Sub

USER INSTRUCTIONS

Form Purpose: Use this form to record the hours you worked in the listed position from the 16th day of the prior month through the 15th day of the current month.

How to Complete this Form: You can fill out this form on-line and then print it. Alternately you can print out this form and complete it by hand.

Where to Send this Form: Sign your time sheet and turn it in to the person designated by your building or department to collect time sheets. Substitutes and Temporary Staff, please see that you have all of the appropriate signature and turn this form into Financial Services - Payroll

Deadline: Turn your time sheet in to building or department by the end of the 15th day of each month.

Leave Codes:

- 410 Sick
- 512 Personal
- 412 Unpaid Sick Leave
- 518 Unpaid Personal Leave
- 716 Critical Illness
- 722 Jury Duty

RECORD OF HOURS

Banked Leave

Other

	RECORD OF HOURS					Banked Leave			Other		Building	Accounting Unit	Account	SubAcct	Approval
	Regular	Additional	Overtime	Holiday	Bilingual Diff	Sick	Personal	Unpaid	Code	Hours					
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
Total															

This is a true and accurate report of time for the above dates.

TOTAL HOURS:

SIGNATURES

Employee Signature: _____

Date: _____

Administrator Signature: _____

Print or Type Administrator Name: _____