

## University of Arkansas - Monthly Time Sheet

Name: \_\_\_\_\_ BU: \_\_\_\_\_ Month: \_\_\_\_\_  
 Emp ID: \_\_\_\_\_ Hourly: \_\_\_\_\_ 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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	Sat													
<b>WEEK TOTAL</b>														
	Sun													
	Mon													
	Tue													
	Wed													
	Thu													
	Fri													
	Sat													
<b>WEEK TOTAL</b>														

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 _____		
<b>Post to BASIS</b>	Date: _____	By: _____	Extm: _____