Print

IMPERIAL VALLEY COLLEGE
CLASSIFIED EMPLOYEE MONTHLY TIME RECORD

NAME _____ **Generated ID #** _____

PAY PERIOD (month)_____ (year)_____

SECTION I

DATE	REGULAR HOURS	EXCEPTION	
		HOURS	CODE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

SECTION II – EXCEPTION CODES

AU **Authorized College Absence ****
Absence slip must be attached.

BL **Bereavement Leave**
Relationship _____
Distance _____

CU Compensatory Time Used
FR Furlough Day
HO Holiday
IL **Industrial Leave ****
Copy of Doctors Work Status Report must be attached OR YOU WILL BE DOCKED. **NO EXCEPTIONS**

JD **Jury Duty**
LWP Leave Without Pay
ML **Military Leave****

PN 1 Death in Immediate Family
PN 2 Accident – Immediate Family
PN 3 Death of a Friend
PN 4 Special Event – Immediate Family
PN 5 Illness in Immediate Family
PN 6 **Appearance in Court ****
PN 7 Any Personal Reason
SL **Sick Leave Hours Used ****
Doctor Verification must be attached for absences of 5 or more consecutive work days.
VAC Vacation Hours Used
MR Meal or rest period not used as required
O Other – Explain _____
_____

** **Attach Copy of Authorization / Absence Forms**

RE: PN - No more than seven (7) days
May be used for category numbers 1 through seven (1 – 7) in a fiscal year.

**** TIMESHEET DEADLINE ****

Timesheets MUST BE received in the Human Resources Office NO LATER than 4:30 p.m. on the 3rd of the month with ALL appropriate signatures.

Regular Hours total 0 _____

Exception Hours total 0 _____

Total Hours/Time Period 0 _____

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PAY PERIOD **(month)**_____ **(year)**_____

SECTION III - OVERTIME / COMPENSATORY/ NIGHT DIFFERENTIAL HOURS EARNED

DATE	IN	OUT	HOURS	CODE	REASON	ACCT. CODE(S)

**** Account codes must be recorded in order to pay out overtime.**

1. Total Overtime hours earned **(less than eight hour employee only) . . . .** _____
2. Total Compensatory hours earned **(less than eight hour employee) . . . .** _____
3. Total Overtime hours earned . . . . . _____ **(x 1 ½) . . . . . .** 0
4. Total Compensatory hours earned . . . _____ **(x 1 ½) . . . . . .** 0
5. Total Hours for pay period **(Add 1 & 2 or 3 & 4 above) . . . . . .** _____
6. Night Differential hours **. . . . . .** _____

All hours earned in overtime/night differential to be paid on the 10th of the following month.

I certify that the above information was <u>reviewed</u> and is <u>correct</u>. Furthermore, I affirm that unless indicated in the log, all <u>breaks</u> (15 minutes) and <u>meal periods</u> (at lease 30 uninterrupted minutes) were authorized and permitted.

Employee: _____ Date:_____

Immediate Supervisor: _____ Date: _____

Area Administrator: _____ Date: _____

Revised March 2013 aa

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