

MISSOURI SOUTHERN STATE UNIVERSITY

CLASSIFIED EMPLOYEE TIME RECORD

Employee Name _____

LioNet ID# S _____

Department _____

Index/Acct# _____

Pay Period Beginning and Ending Dates: _____ (Sunday) thru _____ (Saturday)

Week 1	SUN	MON	TUE	WED	THU	FRI	SAT	Total	
Date →									
Regular Hrs Worked									
Vacation Taken									V
Sick Leave Taken									S
Other (LWOP, Jury, Military, Work Comp)									
Holiday/Weather									H/W
Total Hrs / Day									Total Hrs Week 1

Week 2	SUN	MON	TUE	WED	THU	FRI	SAT	Total	
Date →									
Regular Hrs Worked									
Vacation Taken									V
Sick Leave Taken									S
Other (LWOP, Jury, Military, Work Comp)									
Holiday/Weather									H/W
Total Hrs / Day									Total Hrs Week 2

- 1) Time Records are due to Department Secretary last day on timesheet.
- 2) As required by law, an employee must submit a time sheet which accurately reflects hours worked each day.
- 3) Employee and Supervisor must sign each Time Record.
- 4) Timesheets are due in Human Resources office Monday A.M. following last day of pay period.

Grand Total _____

Employee Signature _____ / Date _____

Immediate Supervisor Signature _____ / Date _____

_____ / _____ / _____ Hrs - Index / Hrs - Index / Hrs - Index Designated for work in multiple departments

OVERTIME AUTHORIZATION

Date Worked	Time Worked		Total Hrs Worked	Description of Event	Index/Acct# to be Charged
	From:	To:			
	a.m. p.m.	a.m. p.m.			-
	a.m. p.m.	a.m. p.m.			-
	a.m. p.m.	a.m. p.m.			-
	a.m. p.m.	a.m. p.m.			-

Employee Signature

Supervisor Signature

LEAVE REQUEST

I wish to schedule my leave as follows: (Indicate Vacation with "V"; Sick with "S").
Contact Human Resources for Family Medical Leave Act (FMLA) forms.

Dates	SUN.	MON	TUE	WED	THU	FRI	SAT

Comments _____

Employee Signature

Supervisor Signature