

# GEORGETOWN UNIVERSITY TIME AND ATTENDANCE SHEET FOR HOURLY EMPLOYEES

Department Name:

Dept. #

Week Ending:

Pay Period Ending:

Week:

														III. FMLA	<b>IV. OVERRIDE SECTION</b>								
NAME:				GU ID:				CLASS CODE:				ACCRUED LEAVE BALANCES:		PAID:	SICK:	VACATION:	PERSONAL:						
I. EMP- LOYEE	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	DC Med	Cat	OT	Hours	Rate/\$	ClassCode	%	Cost Center	Func
	Initials		Initials		Initials		Initials		Initials		Initials		Initials		DC Fam								
	Day Total		Day Total		Day Total		Day Total		Day Total		Day Total		Day Total										
II. TIME- KEEPER	WEEKDAY		WEEKEND		SICK	LEAVE		HOLIDAY		VACATION	PERSONAL	TOTAL	CALL \$	MEAL \$	Federal								
	Day	Night	Day	Night		Sched.	Unsched	Taken	Worked														

NAME:														GU ID:				CLASS CODE:				ACCRUED LEAVE BALANCES:		PAID:	SICK:	VACATION:	PERSONAL:	
I. EMP- LOYEE	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	DC Med	Cat	OT	Hours	Rate/\$	ClassCode	%	Cost Center	Func					
	Initials		Initials		Initials		Initials		Initials		Initials		Initials		DC Fam													
	Day Total		Day Total		Day Total		Day Total		Day Total		Day Total		Day Total															
II. TIME- KEEPER	WEEKDAY		WEEKEND		SICK	LEAVE		HOLIDAY		VACATION	PERSONAL	TOTAL	CALL \$	MEAL \$	Federal													
	Day	Night	Day	Night		Sched.	Unsched	Taken	Worked																			

NAME:														GU ID:				CLASS CODE:				ACCRUED LEAVE BALANCES:		PAID:	SICK:	VACATION:	PERSONAL:	
I. EMP- LOYEE	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	DC Med	Cat	OT	Hours	Rate/\$	ClassCode	%	Cost Center	Func					
	Initials		Initials		Initials		Initials		Initials		Initials		Initials		DC Fam													
	Day Total		Day Total		Day Total		Day Total		Day Total		Day Total		Day Total															
II. TIME- KEEPER	WEEKDAY		WEEKEND		SICK	LEAVE		HOLIDAY		VACATION	PERSONAL	TOTAL	CALL \$	MEAL \$	Federal													
	Day	Night	Day	Night		Sched.	Unsched	Taken	Worked																			

**PAGE SUBTOTALS**

WEEKDAY		WEEKEND		SICK	LEAVE		HOLIDAY		VACATION	PERSONAL	TOTAL	CALL \$	MEAL \$	FMLA			OVERRIDE	
Day	Night	Day	Night		Sched.	Unsched	Taken	Worked						DC Med	DC Fam	Federal	Hours	Rate/\$

Preparer's Signature:

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3/24/97

**V. DEPARTMENT EDIT TOTALS**

WEEKDAY		WEEKEND		SICK	LEAVE		HOLIDAY		VACATION	PERSONAL	TOTAL	CALL \$	MEAL \$	FMLA			OVERRIDE	
Day	Night	Day	Night		Sched.	Unscheduled	Taken	Worked						DC Med	DC Fam	Federal	Hours	Rate/\$

**CATEGORIES**

- D Weekday Day  
(Compassion, Jury Duty, Administrative Leave))
- N Weekday Night
- B Weekend Day
- L Weekend Night
- H Holiday Taken
- J Holiday Worked
- K Scheduled Leave
- T Unscheduled Leave
- S Sick
  
- C Call Pay
- M Meal Allowance
- V Vacation
- P Percent

**VI. DEPARTMENT'S SIGNATURES:**

PREPARER'S SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_

DATE \_\_\_\_\_

By signing below, I certify that all hourly employees whose names appear on this list are active or on leave of absence. If they are not, I have submitted a termination form to terminate them from the payroll. For RX accounts, I certify that I have first-hand knowledge of (or have suitable means of verifying) work performed by this individual and that the salary distribution is reasonable in relation to the work performed.

AUTHORIZED SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_

DATE \_\_\_\_\_