



STUDENT TIME SHEET

EMPLOYEE NAME (Last, First, MI)	SSN	PAY PERIOD
ORGANIZATION		ENDING DATE : (mm-dd-yyyy)

	REG DUTY & LEAVE						PREMIUM						HOURS		
	DAY	REG	AL	SL	CT USED	CT WK	OTHER	LWOP	ND	SD	HOL	OT	FROM	TO	EMPLOYEE INITIAL
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
												←			1st WEEK TOTAL

Employee certifies that the information is true and correct and in keeping with Department Regulations

MANDATORY
Please attach an authorized SF-71 to your time sheet for annual and sick leave.
Sick leave approval is needed from your course coordinator.
Annual leave approval from your Career Development Officer

EMPLOYEE DEPARTED TO POST	TO:	FROM:
IF NEW EMPLOYEE	EOD:	
IF RESIGNED/RETIRED/TERMINATED		
SEPARATION DATE: (mm-dd-yyyy)		
OTHER ABSENCE COL CODES		
1. OFFICIAL LV & EXCUSED ABSENCE 2. COURT 3. MILITARY 4. HOME 5. USE OF RESTORED ANNUAL LEAVE 6. ALL OTHER		

	REG DUTY & LEAVE						PREMIUM						HOURS		
	DAY	REG	AL	SL	CT USED	CT WK	OTHER	LWOP	ND	SD	HOL	OT	FROM	TO	EMPLOYEE INITIAL
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
													←		1st WEEK TOTAL

Signature of Student/Timekeeper _____ Date _____
 Signature of Supervisor _____ Date _____