

# THE UNIVERSITY OF TEXAS O SAN ANTONIO

## MONTHLY TIME REPORT

NAME: \_\_\_\_\_ UT EID: \_\_\_\_\_ MTH: \_\_\_\_\_

WORKWEEK BEGINNING: \_\_\_\_\_ WORKWEEK ENDING: \_\_\_\_\_

DATE	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL
HRS. WORKED								
VACATION								
SICK LEAVE								
*OTHER								

WORKWEEK BEGINNING: \_\_\_\_\_ WORKWEEK ENDING: \_\_\_\_\_

DATE	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL
HRS. WORKED								
VACATION								
SICK LEAVE								
*OTHER								

WORKWEEK BEGINNING: \_\_\_\_\_ WORKWEEK ENDING: \_\_\_\_\_

DATE	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL
HRS. WORKED								
VACATION								
SICK LEAVE								
*OTHER								

WORKWEEK BEGINNING: \_\_\_\_\_ WORKWEEK ENDING: \_\_\_\_\_

DATE	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL
HRS. WORKED								
VACATION								
SICK LEAVE								
*OTHER								

WORKWEEK BEGINNING: \_\_\_\_\_ WORKWEEK ENDING: \_\_\_\_\_

DATE	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL
HRS. WORKED								
VACATION								
SICK LEAVE								
*OTHER								

I certify the above to be a true and correct accounting of all time worked and all time absent.

Employee Signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

- \*OTHER TIME:**
- |                              |                              |                        |
|------------------------------|------------------------------|------------------------|
| <b>A</b> - Administrative    | <b>H</b> - Holiday           | <b>M</b> - Military    |
| <b>C</b> - Compensatory Time | <b>J</b> - Jury Duty         | <b>O</b> - Other Leave |
| <b>F</b> - Funeral Leave     | <b>L</b> - Leave Without Pay | <b>W</b> - WCI Leave   |