

Timesheet Quick Reference

Time Worked Section

Record time worked for each week as follows:

1. Enter in and out times vertically under the appropriate date column.
2. Total the number of hours worked for the day to the nearest quarter hour in the Total Hrs block located under the appropriate date column.
3. Add all hours worked during Week 1 by adding all the Total Hrs blocks in the Week 1 section. Place this total in the Total Hours Worked Week 1 block.
4. Follow the same steps for Week 2.

Signature Section

1. Employees who have worked their standard hours with no exceptions should check the 'no' box located in the signature section. Employees who have worked extra hours, used leave or compensatory time, earned compensatory time, or used leave without pay, must complete the Leave and Pay Exceptions Report. In this case, check the 'yes' box located in the signature section, sign the timesheet, and complete the Leave and Pay Exceptions report. The Leave and Pay Exception Report check box does not apply to positive pay employees (OPS hourly and student hourly employees).
2. Sign, date, and submit the timesheet to the supervisor for approval.

Note: The form **MUST** be signed by the supervisor, however, if the employee is unavailable to sign the form, the supervisor should indicate 'employee unavailable to sign' on the employee signature line.

Knight, Golden ID: 0000826 Empl Rcd#: 4 Work Group: OPSH Static Group: 0520

Hours Worked														
	FRI 02/18	SAT 02/19	SUN 02/20	MON 02/21	TUE 02/22	WED 02/23	THU 02/24	FRI 02/25	SAT 02/26	SUN 02/27	MON 02/28	TUE 02/29	WED 03/01	THU 03/02
In														
Out														
In														
Out														
In														
Out														
In														
Out														
Total Hrs														
Total Hours Worked Week 1:								Total Hours Worked Week 2:						

Leave and Pay Exceptions Report Attached? Yes No

Students: Leave and Pay Exceptions Report not applicable. Students should not be allowed to work during their scheduled class times.
USPS: Leave and Pay Exceptions Report is required for extra hours, leave used, and compensatory leave earned.

I certify that the hours shown on this time sheet accurately reflect time worked during the pay period indicated above.

Employee's Signature _____ Date _____
 Supervisor's Signature _____ Date _____

Instructions for Completion: Complete blocks for in and out times vertically under the appropriate date column. Total the number of hours worked for the day to the nearest quarter hour (see chart below) in the Total Hrs block located under the appropriate date column. Add all hours worked during Week 1 by adding all the Total Hrs blocks in the Week 1 section. Place this total in the Total Hours Worked Week 1 block. Follow the same steps for Week 2. Sign and date the form and obtain your supervisor's verification and signature. Follow your department's policies for time sheet submission.

Minutes Conversion Chart		
Minutes	Decimal of Hour	Quarter Hours
00-07	0- .1249	.00
08-22	.1250- .3749	.25
23-37	.3750- .6249	.50
38-52	.6250- .8749	.75
53-60	.8750- .9999	1.00

Leave and Pay Exceptions Report Quick Reference

Leave Balance Section

Employees should verify that leave taken, leave earned, and leave balances are correct.

Extra Pay Section

The form should be completed as follows:

- Complete the total hours worked, including hours worked, holidays, personal holidays, and administrative leave and write that number in the Actual Hours column for both week 1 and week 2.
 - USPS Non-Exempt employees, if actual hours exceed scheduled hours, specify whether the excess hours were physically worked or not physically worked.
 - EXT = hours worked in excess of scheduled hours for part-time USPS Non-Exempt employees, This code should be used to document the hours worked in excess of the scheduled hours up to 40 hours. Any hours worked in excess of 40 must be treated as overtime (OVT).
 - OVT = hours worked in excess of scheduled hours which will be paid for Non-Exempt USPS employees. Enter this time on an hour-for-hour basis; these hours will be paid at the employee's overtime rate of pay.
 - EXC = Excess of 40 not physically worked. Enter this time on an hour-for-hour basis, these hours will be paid at the employee's rate of pay.
- The time processor will enter on-call payments, if applicable, in the On-call box.

Leave Usage Section

- The types of leave for which the employee is eligible and the abbreviations for the leave types are located in this section. Leave types vary according to work groups.
***Only Law Enforcement Officers are eligible for overtime and special compensatory hours.**
- Enter the leave type abbreviation (or the Time Reporting Code) in the Leave Type column and the number of hours in the appropriate day.
- Enter the total hours for each leave type in the Wk 1 Total column and Wk 2 Total column.

Leave Approval and Signature Section

- Enter the date and time for which leave is being used, the leave type, the number of hours, and the reason. A general reason must be given for the use of leave or leave without pay.
- Sign, date, and submit the report to the supervisor in accordance with the department's policy.

University of Central Florida
 Leave and Pay Exception Report (LAPER) Print date: 11/09/2016

ID: Red#: 0 Job Code: 116 Work Grp: USNEX Group: 0220

Primary Department: 02202001

Prior Pay Period - Begin: 12/19/2014 End: 01/01/2015						
Old Leave Balances:	Sick:	118.85	Vacation:	165.00	Personal:	8.00
Used:		0.00		8.00		8.00
Adjusted:		0.00		0.00		0.00
Earned:		4.00		4.00		0.00
New Leave Balances:		122.85		161.00		0.00

Current Pay Period - Begin: 01/02/2015 End: 01/15/2015						
Old Leave Balances:	Vacation:	8.50				
Used:	Overtime:	8.00				
Adjusted:	Comp:	0.00				
Earned:		0.00				
New Leave Balances:		0.50				

	Sched Hours	*Actual Hrs	OVT	Enter Biweekly On-call Amount:
Week 1 Total	40.00			\$ _____
Week 2 Total	40.00			

* Represents hours worked + holidays + personal holiday + administrative leave

Leave Type	Show Leave Used for Week 1 Below								Show Leave Used for Week 2 Below							
	Fri 01/02	Sat 01/03	Sun 01/04	Mon 01/05	Tue 01/06	Wed 01/07	Thu 01/08	Wk 1 Total	Fri 01/09	Sat 01/10	Sun 01/11	Mon 01/12	Tue 01/13	Wed 01/14	Thu 01/15	Wk 2 Total

Please indicate the type of leave being used in the column marked 'Leave Type' and indicate the number of hours in the column(s) with the appropriate date.

(A) Annual Leave - Taken	(AA) Annual Leave - Adjust (Inc)	(ADM) Administrative Leave	(AS) Annual Leave - Adjust (Dec)
(DIS) Regular	(EXT) Hrs Paid Excess of Overtime/Lev	(FML) FMLA Leave	(LWO) Leave Without Pay
(OCA) Overtime Comp Adjust (Inc)	(OCE) Overtime Comp Earned	(OCSE) Overtime Comp Adjust (Dec)	(OCT) Overtime Comp Taken
(ONC) On Call	(OVT) Overtime	(PH) Personal Holiday Taken	(S) Sick Leave Taken
(SA) Sick Leave Adjustment (Inc)	(SCA) Special Comp Adjust (Inc)	(SCE) Special Comp Earned	(SCSE) Special Comp Adjust (Dec)
(SCT) Special Comp Taken	(SPS) Sick Leave Pool Usage	(SS) Sick Leave - Adjust (Dec)	(WC) Workers Comp Hours
(WCU) Workers Comp Hours			

Leave usage must be requested and approved in advance, except in emergency situations. Provide justification below for all leave usage. A **Medical or Parental Leave Request Form** and **Medical Certification Form** are required when absent more than 10 business days for medical or parental leave, or for a work-related illness or injury.

Explanation of Leave Used (Use Separate Sheet of Paper if necessary)					
From Date	To Date	Time	Leave Type	# Hours	Reason

I certify that the hours shown on this form accurately reflect time worked and leave taken during the period indicated.