

Kansas Athletics - Monthly Time Sheet

Name: _____ File #: _____ Month: _____

Date	Day	In	Out	In	Out	In	Out	Total Work	Leave Codes				Total Hrs	Special Event Notes
									V	S	Other Leave			
Example:		8:00 AM	10:00 AM	12:30 PM	2:30 PM			4.00	1.00	1.00	2.00	F	8.00	
	Sun													
	Mon													
	Tue													
	Wed													
	Thu													
	Fri													
	Sat													
WEEK TOTAL														
	Sun													
	Mon													
	Tue													
	Wed													
	Thu													
	Fri													
	Sat													
WEEK TOTAL														
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	Sat													
WEEK TOTAL														
	Sun													
	Mon													
	Tue													
	Wed													
	Thu													
	Fri													
	Sat													
WEEK TOTAL														
Dept	Reg Hours	Dept	Reg Hours		Dept	O.T. Hours	Notes:							
Payroll Use Only														

* I verify that the hours listed above are accurate and I have claimed all hours worked

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

LEAVE SUMMARY
Vacation Leave
Sick Leave
Other Leave
Total Leave