



FACULTY TIME REPORT

NAME: _____

COSMO ID: _____

EMPLOYEE SIGNATURE: _____

PAY PERIOD: _____

* SUPERVISOR SIGNATURE: _____

LOC. _____ DEPT: _____

SUPERVISOR: _____

REGULAR HOURS REQUIRED: _____

* AUTHORIZATION AND APPROVAL FOR PAY OF TIME INDICATED

TYPE	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL	
REGULAR HOURS																
HOLIDAY																
SICK LEAVE																
COMPELLING PERSONAL REASON																
PROFESSIONAL LEAVE																
OTHER LEAVE HOURS																
CODE FOR OTHER HOURS																
SUBSTITUTION DURING PREP. TIME															TOTAL PERIODS	
SUB. FOR:								DATE:								
SUB FOR								DATE:								
SUB. FOR								DATE:								
SUB. FOR:								DATE:								
TOTAL																

OTHER LEAVE CODES

DD – DUTY INCURRED DISABILITY
 MP – MATERNITY DISABILITY LEAVE
 RD - RECESS DAYS NOT COUNTED AS PART OF CONTRACT

JD – JURY DUTY
 NP – LEAVE NO PAY
 ML – MILITARY LEAVE
 O - OTHER (SPECIFY) _____

INSTRUCTIONS

INDICATE THE HOURS YOU WORKED (ONLY IF REQUIRED) AND ANY ABSENCE FROM YOUR ASSIGNMENT BY TYPE AND AMOUNT OF TIME IN CLOCK HOURS BELOW THE DATE IT OCCURRED. YOUR ASSIGNMENT FOR ANY DAY IS DETERMINED BY YOUR PROGRAM, SO PLEASE CONSULT YOUR PROGRAM WHEN CALCULATING TIME. IF YOUR ABSENCE IS FOR A REASON OTHER THAN LISTED IN THE TABLE ABOVE, PLEASE CONSULT "OTHER LEAVE CODES". IF YOU SUBSTITUTE DURING THE PAY PERIOD, INDICATE BY DATE WHO YOU SUBSTITUTED FOR AND THE TOTAL PERIODS. ON THE LAST DAY OF THE PAY PERIOD, TOTAL BY TYPE THE HOURS INDICATED, THEN SIGN AND SUBMIT THE TIME REPORT TO YOUR SUPERVISOR OR DESIGNEE.

NOTE: TIME MUST BE REPORTED IN ONE QUARTER (1/4) HOUR INCREMENTS.