MINNESOTA STATE UNIVERSITY
moorhead

Time and Leave Report

This form must be submitted to Payroll on payday Friday.
Any changes should be called in by 4:30 the following Wednesday.

Name _____ Title _____

Employee ID # _____ Campus Work Location _____

Work Shift (Time/Days) _____ Supervisor _____ Barg. Unit _____

Type of Appointment: ❑ Regular Full-Time ❑ Regular Part-Time ❑ Intermittent ❑ Temporary ❑ Emergency

Payroll Period Beginning |_|_|_|_|_|_| **Ending** |_|_|_|_|_|_|

		Week 1							Week 2										
	Day	Wed.	Thu.	Fri.	Sat.	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.	Mon.	Tue.	**Hours Worked (Total)**	**Payroll Office Use Only**		
	Date																		
Regular Hours Worked	Day Shift From: To:															0			
	Afternoon/Evening Shift From: To:															0			
	Night/Early Morning From: To:															0			
Overtime	**Cash Payment** (Actual overtime hours worked)															Total OT 0			
	Comp Time Earned (Actual overtime hours worked)																Total E 0		
	Compensatory Time Taken																	Total CT1 0	
	Sick Leave																		Total SIK 0
	Vacation Leave															Total VAC 0			
	Holiday Leave																Total HOL 0		
	Other Paid Leave *(see below)																	Total 0	
	Leave Without Pay/ Unpaid Leave																		Total X 0
	TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Total 0			
Completed by Supervisor	Hours Eligible Shift Differential																Total D		
	Overtime Refused																	Total	

***Includes Floating Holiday, Jury Duty, Military Leave, Training/Workshops, Weather Emergency.**

Employee's Signature _____ Supervisor's Signature _____

I attest that the above statements/hours worked are true. **(original signature required—NO STAMPS)**

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