Montgomery College
Individual Employee Time Sheet

Last Name (print)		First Name (print)		MC ID#		Timesheet Period	
Department		**Status**		**Timesheet Organization**			

Earnings Code Descriptions	Earn Code	Total Hours	Date	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
Hours Worked																	
Overtime																	
Other																	
Other																	

Reason for Paper Submission (Check appropriate block):

☐ **Original time sheet never submitted because** _____ .
☐ **Correction to original submission, a copy of which is attached, because** _____.
☐ **Other reason:** _____.

I certify that the timesheet I am submitting correctly and accurately reflects my hours worked and/or leave taken during this time period. I understand that failure to submit my hours worked and/or leave taken according to the established procedures for my employment type and according to the established procedures *may* result in nonpayment, incorrect payment, and/or disciplinary action. I further understand that any false submissions on my timesheet *may* result in disciplinary action.

Other Leave/Earnings Code		Required Signatures	
ADM = Administration Leave	BRV= Bereavement	_____	_____
CBP = Call Back Pay	CIV = Civil	Employee Signature	Date
DOC = Docked pay or LWOP	MLT = Military		
MTG = Professional Meeting	OTP = Overtime (at 1 ½ pay)	_____	_____
OTTS = Overtime (at straight pay)	OTR = Overtime (Reg. Acct.)	Supervisor's Signature	Date

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SOS = Staff on Special Assignment	