

MAYLAND COMMUNITY COLLEGE
 Leave and Compensation
 Time Sheet
 For Full Time/APT
 Exempt and Non-Exempt
 Employees

Social Security Number: _____

Name: _____

Department: _____

Month Ending: _____

Comp. Time Hours for nonexempt employees only

| | | | | |
|-----------------------|--------------------|--------------------------|----------------------------|--------------------|
| Over Time Hours | Brought Forward | Less Current Month | Earned Current Month | Carried Forward |
| | | 0.0 | 0.0 | 0.0 |

- *(1) Overtime earned represents 1 1/2 times actual hours overtime worked.
- (2) Supervisor's statement as to why overtime was required and why time off could not be granted during month is required on back.
- (3) Balance of overtime earned must be taken the following month.
- (4) Due in Personnel Office by 5th day of month.

| Date | S | M | T | W | T | F | S | Wkly. Total |
|--------------------------|--------------|---|---|---|---|---|---|----------------|
| | Regular Time | | | | | | | |
| Vacation Leave | | | | | | | | 0 |
| Sick Leave | | | | | | | | 0 |
| Holiday | | | | | | | | 0 |
| Overtime Earned | | | | | | | | 0 |
| *1 1/2 x Overtime Earned | | | | | | | | 0 |
| Comp. Time Taken | | | | | | | | 0 |
| Time Off - NAVH | | | | | | | | 0 |

| Date | S | M | T | W | T | F | S | Wkly. Total |
|--------------------------|--------------|---|---|---|---|---|---|----------------|
| | Regular Time | | | | | | | |
| Vacation Leave | | | | | | | | 0 |
| Sick Leave | | | | | | | | 0 |
| Holiday | | | | | | | | 0 |
| Overtime Earned | | | | | | | | 0 |
| *1 1/2 x Overtime Earned | | | | | | | | 0 |
| Comp. Time Taken | | | | | | | | 0 |
| Time Off - NAVH | | | | | | | | 0 |

| Date | S | M | T | W | T | F | S | Wkly. Total |
|--------------------------|--------------|---|---|---|---|---|---|----------------|
| | Regular Time | | | | | | | |
| Vacation Leave | | | | | | | | 0 |
| Sick Leave | | | | | | | | 0 |
| Holiday | | | | | | | | 0 |
| Overtime Earned | | | | | | | | 0 |
| *1 1/2 x Overtime Earned | | | | | | | | 0 |
| Comp. Time Taken | | | | | | | | 0 |
| Time Off - NAVH | | | | | | | | 0 |

| Date | S | M | T | W | T | F | S | Wkly. Total |
|--------------------------|--------------|---|---|---|---|---|---|----------------|
| | Regular Time | | | | | | | |
| Vacation Leave | | | | | | | | 0 |
| Sick Leave | | | | | | | | 0 |
| Holiday | | | | | | | | 0 |
| Overtime Earned | | | | | | | | 0 |
| *1 1/2 x Overtime Earned | | | | | | | | 0 |
| Comp. Time Taken | | | | | | | | 0 |
| Time Off - NAVH | | | | | | | | 0 |

| Date | S | M | T | W | T | F | S | Wkly. Total | Month Total |
|--------------------------|--------------|---|---|---|---|---|---|----------------|----------------|
| | Regular Time | | | | | | | | 0 |
| Vacation Leave | | | | | | | | 0 | 0 |
| Sick Leave | | | | | | | | 0 | 0 |
| Holiday | | | | | | | | 0 | 0 |
| Overtime Earned | | | | | | | | 0 | 0 |
| *1 1/2 x Overtime Earned | | | | | | | | 0 | 0 |
| Comp. Time Taken | | | | | | | | 0 | 0 |
| Time Off - NAVH | | | | | | | | 0 | 0 |

Employee Signature

Supervisor Signature

Date

Non-Accumulative Vacation Hours for employees

| | | | | |
|--------------------------------|--------------------|--------------------------|-------------------------------|--|
| Non. Accul. Vac. Hrs. | Monthly Balance | Less Current Month | Balance Carried Forward | |
| | 80 | 0 | 80 | |