SDSC Timesheet

Period Covered
Month: _____
Year: _____

Employee Name: _____
(Please print)

Complete either the Absence/Overtime Log **- OR -** the No Exceptions to Report section.

Absence / Overtime Log

	Enter Number of Hours								
Date	Sick Leave	Vacation	Comp Time Used	Jury Duty	Leave W/out Pay	Other Absence (Specify)	Comp Time Earned	Overtime Pay Earned	Notes (if earning overtime, specify project)
Totals:									

No Exceptions to Report

_____ I certify that I have worked all required hours for this pay period, and have no exceptions to report.

Signatures

Employee Signature: _____

Supervisor Signature: _____

Return to the SDSC Business Office within 5 days after the end of the pay period.