COLLEGE OF THE REDWOODS

Permanent Employee Timesheet

Name: _____ Month/Year: _____

ID #: _____ Standard Hours Per Week: _____

PAYROLL SYMBOLS				FOR OFFICE USE ONLY
A	Annual Leave	J	Jury Duty	
B	Bereavement Leave	**PH**	Personal Holiday	
CT	Comp Time	**PN**	Personal Necessity	
D	Deductible Absence*	**R**	Release Time	
H	Holiday	**S**	Sick Leave (after 5 days)*	Total YTD
FSL	Family Sick Leave	**W**	Worker's Comp	Comp Time:

* Other Forms Required

Day	Symbol	Time Absent	Explanation (*Please be specific.)*	Comp Time Earned	Supervisor's Approval	Date Approved
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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16						
17						
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23						
24						
25						
26						
27						
28						
29						
30						
31						

Employee Signature _____ Date _____ Supervisor's Signature _____ Date _____