

University of Puget Sound

Regular Hours Worked For Hourly Staff Members in Non-exempt Positions

Please complete daily and submit this form to the Payroll Department on the 16th of each month. Please refer to the *Staff Policies and Procedures Manual* and the Human Resources website for important information to help in completion of this form. Your vacation and sick leave balances can be found on your latest check stub or direct deposit notice.

Payroll Dates _____

ID/Name: _____

Position: _____ **Department:** _____

Hours to Report This Pay Period Only
(please use decimals)

Regular Hours (HRS) _____

OverTime (OT) _____

Shift Differential (SDF) _____

Vacation Leave (VAC) _____

Sick Leave

Personal (SIC) _____

Family (SCF) _____

Medical/Dental (SCM) _____

Personal Leave (PER) _____

Bereavement (BRV) _____

Jury Duty (JUR) _____

Military Leave (MIL) _____

HR Use Only () _____

HR Use Only () _____

	Time			Time		Reg Hours	OT Hours
	In	Out		In	Out		
16			M e a l P e r i o d				
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Total							

Pay for Work on a Holiday (HO1)
or

add _____ hours to vacation balance

Note to Human Resources:

Convert _____ hours of sick leave to _____ hours of vacation leave (Conversion rate is 40 hours of sick leave to 8 hours of vacation leave). I may convert sick leave hours earned beyond my 600 hours balance.

Staff Member Certification of Conversion Request Date

The above is a true and accurate record of my leave use and /or time worked.

Staff Member's Signature *Date*

I have authorized the above paid leave benefits and compensation for this pay period.

Supervisor's Signature *Date*