

**IMPERIAL VALLEY COLLEGE
CLASSIFIED EMPLOYEE MONTHLY TIME RECORD**

Fiscal Year 2011 to 2012

NAME _____ Generated ID # _____

PAY PERIOD _____ 16, _____ TO _____ 15, _____

SECTION I

DATE	REGULAR HOURS	EXCEPTION	
		HOURS	CODE
16			
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			

SECTION II – EXCEPTION CODES

- AU** **Authorized College Absence ****
Absence slip must be attached.
- BL** **Bereavement Leave**
Relationship _____
Distance _____
- CO** Compensatory Time Earned
- CU** Compensatory Time Used
- FR** Furlough Day
- HO** Holiday
- IL** **Industrial Leave ****
Copy of Doctors Work Status Report must be attached OR YOU WILL BE DOCKED. NO EXCEPTIONS
- JD** **Jury Duty**
- LWP** Leave Without Pay
- ML** **Military Leave****
- ND** Night Differential
- OT** Overtime Hours Earned
- PN 1** Death in Immediate Family
- PN 2** Accident – Immediate Family
- PN 3** Death of a Friend
- PN 4** Special Event – Immediate Family
- PN 5** Illness in Immediate Family
- PN 6** **Appearance in Court ****
- PN 7** Any Personal Reason
- SL** **Sick Leave Hours Used ****
Doctor Verification must be attached for absences of 5 or more consecutive work days.
- VAC** Vacation Hours Used
- MR** Meal or rest period not used as required
- O** Other – Explain _____

**** Attach Copy of Authorization / Absence Forms**

RE: PN - No more than seven (7) days
May be used for category numbers 1 through seven (1 – 7) in a fiscal year.

**** FOR HUMAN RESOURCES USE ONLY ****

VAC = _____ SIC = _____

CTU = _____ CTT = _____

Regular Hours total _____

Exception Hours total _____

Total Hours/Time Period _____

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SECTION III - OVERTIME / COMPENSATORY/ NIGHT DIFFERENTIAL HOURS EARNED

DATE	IN	OUT	HOURS	CODE	REASON	ACCT. CODE(S)

**** Account codes must be recorded in order to pay out overtime.**

1. Total Overtime hours earned (less than eight hour employee only) _____
2. Total Compensatory hours earned (less than eight hour employee) _____
3. Total Overtime hours earned _____ (x 1 ½) _____
4. Total Compensatory hours earned . . . _____ (x 1 ½) _____
5. Total Hours for pay period (Add 1 & 2 or 3 & 4 above) _____
6. Night Differential hours _____

All hours earned in overtime/night differential to be paid on the 10th of the following month.

I certify that the above information was reviewed and is correct. Furthermore, I affirm that unless indicated in the log, all breaks (15 minutes) and meal periods (at least 30 uninterrupted minutes) were authorized and permitted.

Employee: _____ Date: _____

Supervisor/Director/Associate VP/Dean: _____ Date: _____

Vice President/President: _____ Date: _____