



**UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
MONTHLY TIME REPORT**

Name

Month

Employee ID Number

Unit/Department

Please mark hours on the calendar for any exception time and / or leave taken (including codes) for the current pay period. Blank squares indicate days worked or non-work days. If you took no leave during the pay period, please indicate below no leave taken. Please return this report to the designated time keeper in your area by the end of the pay period.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

CAS - Hours Worked (Casual Employee)
LWO - Leave Without Pay
VAC - Vacation
SCK - Personal Sick Leave
FMS - FMLA Sick

PRT - Preventive Health Taken
JRY - Jury Duty
BRV - Funeral Leave
MIL - Military Leave

HOL - Holiday
HWL - Holiday Worked
HLT - Holiday Taken for Holiday Worked
ADT - Administrative Leave

Employee Signature

Dean, Director, Administrative Supervisor

Timekeeper Signature

Date Entered In TMS

Comments: _____



NO LEAVE TAKEN