INSTRUCTIONS:
1) This Form must be used for all salaried state classified personnel.
2) Items A through E should be completed by the immediate supervisor of the employee.
3) If the employee is exempt from overtime, no additional information is required and this Form should be filed in the department’s administrative section. Do not report daily work hours for exempt employees. This Form may be used for exempt employees, however, to record the usage of various types of leaves to supplement the leave request form which is typically completed in advance of the date the leave is actually taken.
4) Employees eligible for overtime compensation record their actual daily hours worked, as well as any compensatory time or paid leaves used in the WORK/LEAVE/COMPENSATORY HOURS section of the Form. Weekly totals are calculated and summarized in the proper column under the TOTALS SECTION. The hours in excess of 40 in a work week, as recorded in the Total Hours column, are recorded in the O/T Hours column. The supervisor must sign this Form on a weekly basis verifying that the information recorded is complete and accurate. NOTE: A time clock or other computerized time recording system may be used in lieu of this Form to record hours worked. This Form may still be used to supplement these systems however, to record the use of paid leaves and compensatory time.

A) NAME _____________________________________  D) Dept. or Div. _________________________________
B) Assignment ID #______________________________  E) If exempt from overtime check here___________
C) Title________________________________________

<table>
<thead>
<tr>
<th>Work Week Ending</th>
<th>Sat.</th>
<th>Sun.</th>
<th>Mon.</th>
<th>Tues.</th>
<th>Wed.</th>
<th>Thurs.</th>
<th>Fri.</th>
<th>Total Hours Worked</th>
<th>Over-Time Hours x 1.5</th>
<th>OT</th>
<th>CT</th>
<th>Comp Time Used</th>
<th>CT Balance</th>
<th>Supervisor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTALS

I certify that the above report is a true and correct representation of time worked by me during the period indicated: ___________________________ Employee Signature

Use the following codes to record periods of authorized paid leave and compensatory time used and indicate total hours taken by each category:

_____ AL Annual  _____ Holiday  _____ CT Compensatory Time  _____ JL Jury  _____ IL Injury
_____ SL Sick  _____ BL Bereavement  _____ AD Administrative  _____ ML Paid Military Leave  _____ LWOP Leave Without Pay

RETURN COMPLETED AND SIGNED FORM TO VICKY MEYER B204 ENGINEERING