

**University of Maryland, Baltimore
NON-EXEMPT EMPLOYEE TIMESHEET**

Name :
EmplID:
Empl Class:

Department:
From: To:
Pay Period:

FTE: 100%
Standard Hours:
Schedule:

**Record hours in increments of 15 minutes in decimal format
15 minutes = .25 / 30 minutes = .50 / 45 minutes = .75**

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Time In	A	A	A	A	A	A	A		A	A	A	A	A	A	A	
	P	P	P	P	P	P	P		P	P	P	P	P	P	P	
Time Out	A	A	A	A	A	A	A		A	A	A	A	A	A	A	
	P	P	P	P	P	P	P		P	P	P	P	P	P	P	
Lunch Hours																
Hours Worked																

OTHER PAID HOURS

Other Paid Hours																
Other Paid Hours Code																

PAID LEAVE

Annual (VCH)																
Holiday (HLH)																
Personal (PRH)																
Sick (SCH)																
Comp (CTP)																
Other Paid Leave Hours																
Other Paid Leave Code																
Total Paid Hours																

UNPAID LEAVE

Unpaid Leave Hours																
Unpaid Leave Code																

Other Paid Hours Codes

ASB - Asbestos Pay
CAL - Call Back Pay
SH2N - Nurse Shift M-F Evening
SH3N - Nurse Shift M-F Night
SH4N - Nurse Shift Weekend Day
SH5N - Nurse Shift Weekend Evening
SH6N - Nurse Shift Weekend Night

ONC - On Call Pay
SH1 - Shift

Other Paid Leave Codes

ACC - Accident Pay under 6 mos
ACCFE - Accident Pay over 6 mos
ADMH - Administrative Leave
DLH - Disaster Leave
JURH - Jury Leave
MILH - Military Leave

SCADH - Advanced Sick Leave
SCEXH - Extended Sick Leave
SCIFH - Sick - Immediate Family
SCLRH - Leave Reserve Fund
SPCH - Suspension Pending Charges
WITH - Subpoenaed Witness

Unpaid Leave Codes

JADLV - Administrative Leave
UAPLV - Approved Leave
UDISP - Disciplinary Suspension
UFMLA - Family and Medical Leave
USPCS - Suspension Pending Charges
UUNAB - Unauthorized Absence
UWITS - Subpoenaed Witness

Leave Earned as of period ended 05-03-03 and Taken as of period ended 04-19-03

TYPE OF LEAVE	ANNUAL	HOLIDAY	PERSONAL	SICK	COMP
Previous Balance	0.00	0.00	0.00	0.00	0.00
Taken	0.00	0.00	0.00	0.00	0.00
Earned	0.00	0.00	0.00	0.00	0.00
Adjustments	0.00	0.00	0.00	0.00	
Ending Balance	0.00	0.00	0.00	0.00	0.00

COMMENTS:

Employee Signature

Date

Supervisor Signature

Date

UMB MESSAGE: