



*University of Massachusetts Lowell
Benefited Employee Timesheet*

<i>Employee Name:</i>		<i>Department Name:</i>	
<i>Employee ID:</i>		<i>Employee Record Number:</i>	
		<i>Week Beginning(Sunday):</i>	

I worked my regularly scheduled workweek and have no leave or adjustments to make to my timesheet.

I worked my regularly scheduled workweek *except* as noted below:

Sunday Date:	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:	Saturday Date:		Time Reporting Code

Time Reporting Codes to be used are:

BEV Bereavement
CTE Comp Time Earned
CTU Comp Time Used

HCTES Holiday Comp Time Earned
HCTU Holiday Comp Used
HOL Holiday

JDY Jury Duty
NOP No Pay
OVS Overtime

RSV Reserve Leave
PER Personal Time
SIC Sick Time

FSK Family Sick Time
VAC Vacation Time

Employee Signature _____ *Date:* _____

I certify that the hours worked on this timesheet are accurate and reflect the time worked or time earned for pay purposes during the period indicated.

Supervisors Signature _____ *Date:* _____

I certify that the hours worked on this timesheet are accurate and reflect the time worked or time earned for pay purposes during the period indicated.

*The State Comptroller's Office requires paper timesheets be kept on file for at least 3 years.
 University of Massachusetts Lowell Human Resource forms can be found at www.uml.edu/hr*