

Tulane University

MONTHLY TIME REPORT

PERIOD ENDING _____

EMPLOYEE NAME _____

ORGANIZATION _____

EMPLOYEE NO. _____

DATE	IN	OUT	IN	OUT	TOTAL HOURS WORKED	REG.	O.T.	N.P.A.*	VAC.	SICK	HOL.	OTHER	WK CP		
1															
2															
3															
4															
5															
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26															
27															
28															
29															
30															
31															
ACCOUNT															
DISTRIBUTION:					REG.										
					O.T.										
					*NON PAID ABSENCE										
					PAID LEAVE										

IMPORTANT
 SUBMIT TO THE PAYROLL OFFICE BY THE
 5TH WORKING DAY OF THE FOLLOWING MONTH

EMPLOYEE SIGNATURE _____

DATE _____

AUTHORIZED SIGNATURES:

DATE _____

DATE _____

DATE _____