

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	Excess
1														
2														
3														
4														
5														
6														
7														
8														
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22														
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24														
25														
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 _____