



**The University of
Montana - Helena**
COLLEGE OF TECHNOLOGY

Bi-Weekly Timesheet

Employee Name: _____

Banner ID: _____

Pay Period Ending: _____

This form must be submitted to Human Resources and retained according to legal requirements.

Record time in ½ hour increments

Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours
Dates															
Regular															
Holiday															
Annual															
Sick															
Comp Earned															
Comp Taken															
Jury Duty															
Overtime															
LWOP/Other (specify)															

Requests to Work Overtime or Comp Time – Must be approved in advance

INSTRUCTIONS: Indicate the type of request (OT or CT) and the number of hours requested.

Time	Day	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Total Hours
Request Type																
Hours																
Supervisor Approval																

Explanation (specify request): _____

Disapproved (specify reason): _____

I certify that the above time record is accurate to the best of my knowledge.

Employee Signature

Date

Supervisor Signature

Date

Leave Approval

Check the appropriate box(es):

- Annual Leave Date(s) requested: _____
- Flex Leave Date(s) requested: _____
- Sick Leave Date(s) requested: _____
- Juror or Witness Date(s) requested: _____
- Military Leave Date(s) requested: _____
- Other (explain) Date(s) requested: _____

Approved Supervisor Signature: _____ Date: _____

Denied Reason: _____
Supervisor Signature: _____ Date: _____