



Exempt Time Report

NAME: _____
 Last First

UNIV ID#: _____

MONTH: _____

ORG#: _____

DATE OF MONTH	Worked Time	LEAVE				CODE TABLE		
	Hours	Hours	CODE	Hours	CODE	LEAVE / CODE TYPE	CODE	TOTAL
1						SICK	SPH	
2						VACATION	VPH	
3						PROF. DEVELOPMENT	PDL	
4						HOLIDAY (Not Worked)	HOL	
5						EMERGENCY CLOSING	EMC	
6						BEREAVEMENT	FUH	
7						JURY DUTY	JDH	
8						MILITARY LEAVE	MIL	
9						UNPAID LEAVE	LWO	
10						AFSCME: Personal	PER	
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12						IMPORTANT:		
13						<p>1. Exempt Time reporting begins on 12:00 AM of the first day of the month and concludes at 11:59 PM on the last day of the month.</p> <p>2. For each day that you work, enter the total number of hours worked on official University business. You must exclude any time prohibited by the Ethics Act or any other non-work time.</p> <p>3. Time must be recorded in 15 minute increments. (Example 4.25 Hrs, 5.5 Hrs, 6.75 Hrs.)</p> <p>4. You must submit your time sheet to your supervisor on your departmental due dates. Late submission of time sheets may result in inaccurate leave reporting.</p>		
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SIGNATURES:

My signature below certifies that I am in compliance with the time reporting sections of the State Officials and Employees Ethics Act (5 ILCS 430/1-1 et seq., added by PA 93-615 and 93-617), I have not participated in any prohibited political activity during this pay period's work time, and the amounts stated accurately reflect my work and leave time during this period.

Signature of Employee

Signature of Supervisor or Unit Head

Date