

Columbia State Community College  
**MONTHLY PAYROLL TIME SHEET**

Name: \_\_\_\_\_ ID# \_\_\_\_\_ ECLS: \_\_\_\_\_ Location/Department: \_\_\_\_\_

Period: \_\_\_\_\_ Forward to Supervisor by: \_\_\_\_\_ Forward approved original to Human Resources by: \_\_\_\_\_  
Month/Year Date Date

**Statement of Leave Through End of Previous Month**

	Annual Leave (hours)	Sick Leave (hours)	Overtime (hours)
<b>Balance at beginning of month</b>			
<b>Earned</b>			
<b>Used</b>			
<b>Balance at end of month</b>			

**Record actual hours worked and actual hours of leave taken for each day of the month**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	
Hours Worked																																	
Holiday Leave																																	
Comp Time/ OT Worked																																	
Comp Time Taken																																	
Annual Leave Taken																																	
Sick Leave Taken																																	
Other Leave Taken																																	
Leave Without Pay																																	

Comments or changes in requested leave must be shown here: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature