

STAFF TIME REPORT



NAME: _____

COSMO ID: _____

EMPLOYEE SIGNATURE: _____

PAY PERIOD: _____

* SUPERVISOR SIGNATURE: _____

LOC: _____

DEPT: _____

SUPERVISOR: _____

HRF: _____

UNION: _____

* AUTHORIZATION AND APPROVAL FOR PAY OF TIME INDICATED

	SUN	MON	TUE	WED	THR	FRI	SAT	SUN	MON	TUE	WED	THR	FRI	SAT	TOTAL
START															
STOP															
START															
STOP															
REGULAR HOURS															
AUTHORIZED OVERTIME @1.0															*
AUTHORIZED OVERTIME @1.5															*
SHIFT HOURS															
SHIFT DIFF.															
HALF TIME PREMIUM															
SUPERVISOR PREM (\$) (LOCAL 715 ONLY)															
HOLIDAY FIXED OR FLEXIBLE															
VACATION															
COMPENSATORY TIME USE															
SICK LEAVE															
COMP. PERSONAL REASON															
OTHER LEAVE HOURS															
CODE FOR OTHER HOURS															
TOTAL															

* ADDITIONAL HOURS AS: COMPENSATORY TIME PAY

OTHER LEAVE CODES

DD – DUTY INCURRED DISABILITY
 MP – MATERNITY DISABILITY LEAVE
 BV - BEREAVEMENT LEAVE
 O - OTHER (SPECIFY) _____

JD – JURY DUTY
 NP – LEAVE NO PAY
 ML – MILITARY LEAVE