

OSU LIBRARIES CCS TIMESHEET

Incomplete timesheets will be returned without processing

Employee Name

Library Area

Pay Period#

ID# _____
(Required for processing)

Pay Period Dates

Week 1	Date	In	Out	In	Out	In	Out	Total	Remarks/ Codes
Sun.		-----	-----	-----	-----	-----	-----	-----	D
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.		-----	-----	-----	-----	-----	-----	-----	D
TOTAL WEEK 1									
Week 2	Date	In	Out	In	Out	In	Out	Total	Remarks/ Codes
Sun.		-----	-----	-----	-----	-----	-----	-----	D
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.		-----	-----	-----	-----	-----	-----	-----	D
TOTAL WEEK 2									
TOTAL PAY PERIOD									

Employee Signature Date

Supervisor Signature Date

Remark Codes: V=Vacation, S=Sick Leave, D=Day Off, L=Leave Without Pay, HPB=Holiday Pay Benefit, HDP=Holiday Pay Worked, CTE=Compensatory Time Earned, CTT=Compensatory Time Taken, M=Military Leave, J=Jury Duty