

(See Instructions)

THE UNIVERSITY OF TEXAS AT AUSTIN Official Time Report for Monthly Employees

This form is to be completed weekly

Dept. _____ Other Subdivision _____

Account Number _____

Workweek Beginning _____ Workweek Ending _____

Name of Employee	Line No.	Explanation	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total Hrs.
(Type or Print Employee's Name)	1	Total Hours Actually Worked								
	2	Absent Time *								XXXXX XXXXX
UT EID	3	Total Hours Worked in Excess of 40 (Advanced Written Approval is Required) _____								
	4	Authorized Compensatory Hours – See Instructions _____								

CODE DESIGNATIONS: *Show appropriate hours and code on line 2 for absent time as follows:

- | | | |
|---------------------------------|---|---|
| (A) – Accident Benefits (WCI) | (H) – Holiday-Paid | (S) – Sick Leave-Paid ** |
| (C) – State Compensatory Time | (J) – Jury Duty-Paid | (SLP) – Sick Leave Pool-Paid ** |
| (E) – Emergency Leave-Paid | (LW) – Leave of Absence Without Pay-Explain in Remarks ** | (V) – Vacation-Paid ** |
| (FH) – Floating Holiday-Paid ** | (MT) – Military Leave | (O) – Other Absences-Explain in Remarks |

** add an "F" to the absence code if you are using one of these absence types in conjunction with family medical leave (i.e., use VF for vacation-family medical leave)

Remarks:	I certify the above to be a true and correct accounting of all time worked and all absent time.
	Employee (Signature) _____ Date _____
	Supervisor (Signature) _____ Date _____

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INSTRUCTIONS

GENERAL:

1. Please follow the work schedule that is assigned in HRMS. Example: For a Monday-Friday work week, Monday is the first day of the scheduled work week and the ending date should always be midnight Sunday.
2. Always enter the first name, middle initial, last name, and UTEID for the proper identification.
3. Official time reports must be kept on a current basis and be retained on file in the employing department for the fiscal year + four years.

TIME RECORDING:

1. Line No. 1, *Total Hours Worked*: This is the total hours actually worked each day and is the only time counted when determining paid overtime hours. Report to the nearest 1/4 hour. (NOTE: "Break" time is work time; meal periods are not.) Fractions should be recorded as .25, .50, and .75.
2. Line No. 2, *Absent Time* (See Code Designations on front): This is absence for which payment may or may not be authorized, depending upon eligibility of employee. The type of absence is to be identified by a code letter. For example, the code letter "H" identifies paid holiday time (8H indicates eight hours of paid holiday time for which the employee is eligible). NOTE: The daily total of coded time cannot exceed the number of regularly scheduled hours of work time.
3. Line No. 3, *Total Hours Worked in Excess of Forty*: Overtime hours worked in excess of 40 hours will be extremely limited. The necessity for working on an overtime basis can usually be anticipated, and it is administrative policy to not authorize overtime except in extraordinary situations. Advance approval is required before overtime hours can be worked. All overtime worked *must* be recorded. No other form is to be used in recording overtime.
4. *Authorized Compensatory Hours*: State compensatory time is earned after the time for the entire workweek is recorded. State compensatory time is earned on a straight time, hour-for-hour basis.

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