

# GSCC MONTHLY TIME SHEET

Salary Schedule E & H Employees

NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_

MONTH(S) /  
YEAR: \_\_\_\_\_

**Beginning Balances:**

DATE	HOURS WORKED	LEAVE				OVERTIME WORKED	COMPENSATORY		
		SICK	ANNUAL	PERSONAL	PROFESSIONAL		EARNED	TAKEN	BALANCE
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									

Leave Taken:

Plus

Monthly Accrual: \_\_\_\_\_

**BALANCE:**

EMPLOYEE 'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_