

CENTRAL NEW MEXICO COMMUNITY COLLEGE TIMESHEET/LEAVE REGISTER



Pay No	Pay Date	Pay Period	Position #	FTE	Employee Class

Earning Desc/Code/Hours	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	Total

Leave Balances:

TOTAL HOURS	
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INSTRUCTIONS/NOTES

I CERTIFY THE CORRECTNESS OF THE HOURS WORKED AND LEAVE HOURS TAKEN

PAY CODE	COST ACCOUNT	HOURS	RATE	EARNED AMOUNT

PAY DESCRIPTION	PAY CODES	HOURS CODE	BY
REGULAR	REG		
HOLIDAY	HOL		
ANNUAL	ANN		
SICK	SIC		
PERSONAL	PER		
SUPPLEMENTAL	SUP		
OVERTIME	OVT		
OVERTIME-REG	OTR		
LEAVE NO PAY	LNP		
LEGAL	LGL		
SUBSTITUTE	SUB		
DONATED CLDP	SID		
SICK PT FACULTY	SIK		

EMPLOYEE'S SIGNATURE _____

AUTHORIZED SUPERVISOR'S SIGNATURE _____

FINAL PAY? _____ SEPARATION DATE
 (CHECK BOX IF THIS IS THE EMPLOYEE'S FINAL PAY IN YOUR DEPARTMENT)