XAVIER UNIVERSITY OF LOUISIANA
ATTENDANCE REPORT FOR NONEXEMPT EMPLOYEES

Name of Employee _____ Social Security No. _____

Name of Department _____

Cost Center Number _____ Grant Number _____

DAY	DATE	TIME SHIFT STARTS	TIME LUNCH STARTS	TIME LUNCH ENDS	TIME SHIFT ENDS	PAID TIME OFF HOURS	TOTAL PAID HOURS
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
TOTALS FOR WEEK ONE							
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
TOTALS FOR WEEK TWO							
TOTALS FOR TWO WEEKS							

Instructions for recording time worked and paid time off.

Time worked should be recorded as follows: 15 min. =.25, 30 min. =.50, 45 min. =.75, 60 min. =1.00

Paid time off should be recorded as follows:
V=Vacation leave, **S**=Sick leave, **B**=Bereavement leave, **H**=Holiday, **F**=Family and Medical Leave, **J**=Jury Duty Leave, **M**=Military Leave.
Example: seven hours of vacation should be recorded as V=7, four hours of sick leave should be recorded as S=4 etc.

I attest that the recorded hours are correct. I further understand that if I falsify the hours I am reporting I will be subject the University disciplinary policies.

_____   _____
Signature of Employee   Date

_____   _____
Signature of Supervisor or Designee   Date

LC/tw 0306   _____ Reg.   _____Holiday   _____Sick   _____Vac.   _____OT