PORTLAND COMMUNITY COLLEGE
SALARIED TIME REPORT
FOR USE BY FULL TIME:
Executive, Administrative
Classified, Confidential
Acad Prof, Faculty

Reporting Periods (mark one)

❑ June 21-Jul 20	❑ Dec 21- Jan 20
❑ Jul 21- Aug 20	❑ Jan 21- Feb 20
❑ Aug 21- Sep 20	❑ Feb 21 - Mar 20
❑ Sep 21- Oct 20	❑ Mar 21- Apr 20
❑ Oct 21- Nov 20	❑ Apr 21- May 20
❑ Nov 21- Dec 20	❑ May 21- Jun 20

Name _____
(last)   (first)

ID # _____

Work week other than M-F
S M T W Th F S (circle days)

Information and Mileage Report on back
Any changes made to time reports must be initialed by both the employee and the supervisor

DATE	Overtime Hours	OT Code & Shift	Sick Self	Sick Family	Vacation	Comp Taken	Personal Leave	Non Inst.	Hours	Code	Other Leave Hours and Leave Codes
21											**BEF-** Bereavement-Ext. Family
22											**BF -** Bereavement-Friend - EF/AF
23											**BFC-** Bereavement Friend-COMP
24											**BFD-** Bereavement-W/O PAY
25											**BFS-** Bereavement-SICK
26											**BFV-** Bereavement-VACATION
27											**BFY-** Bereavement-Family
28											**CLO-** School Closure
29											**CTW-** Court Witness
30											**EMG-** Emergency Medical Leave
31											**HOL-** Holiday/Alternative Holiday
1											**INC-** Personal Incentive Leave
2											**JD -** Jury Duty
3											**LP -** Lead Pay
4											**OCP-** On Call Pay
5											**REL** Released To Teach (CF Only)
6											**HR Approved Leaves**
7											**CLB-** Sick Leave Bank
8											**FMC-** Family Medical-COMP
9											**FMD-** Family Medical-W/O PAY
10											**FMS-** Family Medical-SICK
11											**FMV-** Family Medical-VACATION
12											**OJC-** On Job Injury-COMP
13											**OJD-** On Job Injury-W/O PAY
14											**OJS-** On Job Injury-SICK
15											**OJV-** On Job Injury-VACATION
16											**OT Codes-CF & CO only**
17											*Indicate Shift OT worked*
18											**OT -** Authorized Overtime
19											**EP -** Essential Personnel
20											**TA -** Technical Assistance
Total >	-		-	-	-	-	-				**CB -** Call Back
	OT5		SCK	SDK	VAC	CTT	PER				

Faculty Days - FAC   *(for payroll use only)*

Teaching Days

Non Inst./Holiday

Total Days   -

CT5	Convert overtime hours to Compensatory Leave initial here->

Mileage - MI
enter here ->

I declare this to be a correct and complete report of my work and that it will be used to compute my earnings.

Employee Signature _____   Date _____

Supervisor Signature _____   Date _____

For more Payroll information visit our Web site at http://intranet/finance/payroll/