

## MONTHLY TIME RECORD

\_\_\_\_\_  
NAME
DEPARTMENT
MONTH AND YEAR

- |   |   |
|---|---|
| <input type="checkbox"/> Graduate Staff<br><input type="checkbox"/> Temporary/Administrative/Professional Staff | <input type="checkbox"/> Limited-Term Lecturer Non-Credit Class<br><input type="checkbox"/> Limited-Term Lecturer Extra Duty Assignment |
|---|---|

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Reportable Hours																
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Reportable Hours																

I, the undersigned employee, certify that the hours worked as reported above are correct.

I, the undersigned supervisor, certify that the hours worked as reported above are correct.

\_\_\_\_\_  
 EMPLOYEE

\_\_\_\_\_  
 SUPERVISOR

*Please submit time card to Human Resources in KT G06 no later than the 10th of the following month.*