

NC STATE UNIVERSITY SPA TIME RECORD										PAY PERIOD							
EMPLOYEE NAME					SOCIAL SECURITY NUMBER			PEOPLESOFT ID NUMBER		MONTHLY	BIWEEKLY	BEGINNING MM / DD / YY					
DEPARTMENT					Was work performed in another department or agency?			YES	NO	NONEXEMPT	EXEMPT	ENDING MM / DD / YY					

HOURS WORKED									Leave Used							Total Hours		Comp Time Earned		Additional Hours To Be Paid						
WEEK	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL WORKED	Vacation	Sick	Comp Time	Holiday	Comm. Service	Adverse Weather	Other	Hours Worked >40	Extra Time	030 Over Time	130 Extra Time	040 Shift Time	033 Shift Prem OT	155 Holiday Pay	080 On Call Pay			
1																										
2																										
3																										
4																										
5																										
TOTALS																										

INSTRUCTIONS ON REVERSE.

DAILY HOURLY RECORD (IN/OUT — SUPERVISOR'S OPTION)														
WEEK	SAT		SUN		MON		TUE		WED		THU		FRI	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1														
2														
3														
4														
5														

ACCUMULATIVE LEAVE TOTALS			
	Vacation	Sick	Community Service
Balance from last month			
Earned this month			
Total			
Used this month			
Ending balance			

COMP TIME BALANCE	
Comp balance from last month	
Overtime earned this month (x1.5)	
Extra time earned this month	
Total comp available	
Comp used this month	
Ending balance	

ADVERSE WEATHER	
Balance owed	
Charged this month	
Total owed	
Made up this month	
Balance owed	

REQUIRED SIGNATURES	
EMPLOYEE	SUPERVISOR
DATE	DATE