

MINOT STATE UNIVERSITY LEAVE AND OVERTIME RECORD

This form is due to the Payroll Office on the 16th AND 1st of each month.

Leave and overtime must be approved before they occur.

WORK WEEKS RUN FROM SUNDAY THROUGH SATURDAY

Name: _____

NAID/EMPL ID# _____

| LEAVE REPORTING | | | | | OVERTIME REPORTING <i>for nonexempt/salaried employees only</i> | | | |
|-----------------------------------------------------------|------------|----------------|------------|----------------|--------------------------------------------------------------------|------------|------------|--------|
| WEEK 1 begin date _____ and end date _____, 20____ | | | | | WEEK 1 | | | |
| FROM: TO: | | | | | | | | |
| Date | Hour | Date | Hour | Type of leave* | Date | Start | End | Reason |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| SUMMARY OF WEEK 1 | | | | | TOTAL OT HOURS FOR WEEK 1 _____ | | | |
| Vacation | Sick | Dependent Sick | Other | | | | | |
| _____ | _____ | _____ | _____ | | | | | |
| WEEK 2 begin date _____ and end date _____, 20____ | | | | | WEEK 2 | | | |
| FROM: TO: | | | | | | | | |
| Date | Hour | Date | Hour | Type of leave* | Date | Start | End | Reason |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| SUMMARY OF WEEK 2 | | | | | TOTAL OT HOURS FOR WEEK 2 _____ | | | |
| Vacation | Sick | Dependent Sick | Other | | | | | |
| _____ | _____ | _____ | _____ | | | | | |
| WEEK 3 begin date _____ and end date _____, 20____ | | | | | WEEK 3 | | | |
| FROM: TO: | | | | | | | | |
| Date | Hour | Date | Hour | Type of leave* | Date | Start | End | Reason |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| _/_/____ | _____am/pm | _/_/____ | _____am/pm | _____ | _/_/____ | _____am/pm | _____am/pm | _____ |
| SUMMARY OF WEEK 3 | | | | | TOTAL OT HOURS FOR WEEK 3 _____ | | | |
| Vacation | Sick | Dependent Sick | Other | | | | | |
| _____ | _____ | _____ | _____ | | | | | |
| | | | | | REQUIRED: | | | |
| | | | | | No overtime hours to report _____ (Initials) | | | |
| | | | | | No Comp time has been accrued _____ (Initials) | | | |

*Type of leave

Vacation, Sick, Dependent Sick(indicate family member), Military, Jury Duty, Funeral Leave(indicate deceased), Family Medical Leave (FML),
Leave without pay, Holiday Credit

I CERTIFY THAT THE ABOVE IS A TRUE RECORD OF LEAVE AND OVERTIME.

_____/____/_____
Employee's Signature Date

_____/____/_____
Supervisor's Signature Date