

Johns Hopkins University Montgomery County Employee Timesheet

Name: _____

PERNR: _____

Department: _____

Cost Center or Internal Order: _____

Week Ending Date (Sunday): _____

Day	Hours Worked	Sick & Safe Leave Hours Taken
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Total Hours To Be Paid		

For Departmental Use Only:

Hours Eligible for Sick and Safe Leave

Hours Carried Over From Prior Week (A1)	Hours Worked This Week (B)*	Total Hours (A1+B=C)	Rate	Hours To Carryover To Future Week	Sick & Safe Leave Earned (D)

*Report from CATS system (CADO)

Available Sick and Safe Leave

Prior Leave Balance (A2)	Safe & Sick Leave Earned This Month (D)	Total Hours Available (A2+D=C)	Leave Taken This Week (F)	New Leave Balance (may be capped at 56) (E-F)

Employee Signature: _____

Supervisor Signature: _____