

# EMPLOYEE TIME REPORT

THE UNIVERSITY OF TEXAS  
SOUTHWESTERN MEDICAL CENTER AT DALLAS

FORM 3028 Rev. 6-88

SHOW APPROPRIATE CODE ON LINE #3 "ABSENT TIME" AS FOLLOWS:  
 (C) COMPENSATORY TIME (MT) MILITARY TRAINING DUTY (H) HOLIDAY PAID  
 (V) VACATION (A) ACCIDENT BENEFITS (WCI) SICK LEAVE (SN) SICKNESS - NOT PAID  
 (L) LEAVE OF ABSENCE WITH PAY (LM) LEAVE OF ABSENCE WITHOUT PAY (ON) OTHER ABSENCE NOT PAID

Date .....		Department .....	Week Ending .....	Page No. ....							
NAME OF EMPLOYEE	LINE NO.	EXPLANATION	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL	EMPLOYEE'S SIGNATURE
WORK DAY STARTS AT .....	1	REG. HRS. WORKED									
	2	OVERTIME HRS. WORKED									
	3	ABSENT TIME - NO. HRS.									
	4	TOTAL HRS.									
S.S. NO.											
WORK DAY STARTS AT .....	1	REG. HRS. WORKED									
	2	OVERTIME HRS. WORKED									
	3	ABSENT TIME - NO. HRS.									
	4	TOTAL HRS.									
S.S. NO.											
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	2	OVERTIME HRS. WORKED									
	3	ABSENT TIME - NO. HRS.									
	4	TOTAL HRS.									
S.S. NO.											

CERTIFIED CORRECT  
SUPERVISOR SIGNATURE