Volunteer State Community College
Clerical and Support Personnel Monthly Time & Attendance Form

NAME: _____ **EMPLOYEE ID:** _____

LOCATION: _____ **PERIOD:** _____ **RETRUN BY:** _____

Compensatory Time (hours)	**Prior Period Balance**		**Ending Balance**	

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total Hrs
Regular Hrs Worked																																
Holiday Leave																																
Comp Time Worked																																
Comp Time Taken																																
Annual Leave Taken																																
Sick Leave Taken																																
Other Leave*																																
Leave Without Pay																																

***Explanation for Other Leave:**

TimeKey:

.1 Hour = 1-6 Minutes
.2 Hour = 7-12 Minutes
.3 Hour = 13-18 minutes
.4 Hour = 19-24 Minutes
.5 Hour = 25-30 Minutes
.6 Hour = 31-36 Minutes
.7 Hour = 37-42 Minutes
.8 Hour = 43-48 Minutes
.9 Hour = 49-54 Minutes
1.0 Hour = 55-60 Minutes

I certify the above information is true and correct to the best of my knowledge and any leave taken is in accordance with TBR & VSCC policies. I understand any leave taken exceeding that accumulated will be leave without pay.

_____
EMPLOYEE SIGNATURE **DATE**

I certify the above information is true and correct to the best of my knowledge and Compensatory Time earned and taken and annual leave taken were pre-approved as required. Any leave taken exceeding that accumulated will be leave without pay.

_____
SUPERVISOR SIGNATURE **DATE**

Submit Original Form to the Payroll Office on the 16th of each month.