

SIBCR - EXEMPT TIME SHEET

Send to Mail Stop 151F or FAX 764-2742 or Delivery to Bldg. 1-Room 520
Time Sheets are due the last WORKING day of the month

Pay Period Ended _____

EMPLOYEE NAME (please print)

HOURS OF LEAVE TAKEN

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Vacation																																	0
Sick																																	0

*Vacation must be taken in whole or half day increments. If you are gone for less than half a day, do not report any leave.

CHECK HERE IF NO LEAVE WAS TAKEN THIS MONTH

RECORD OF EFFORT

PROJECT NUMBER	DESCRIPTION	% SALARY
Total		0%

Employee

I certify the time taken as vacation and sick leave is accurately recorded. I also certify this effort does not conflict with other VA/UW work hours.

 Employee Signature

Supervisor

I certify this represents the leave taken by the employee for the current pay period.

 Supervisor Signature (Required)