

McLennan Community College
Contract Employee Absence Report Adm #8
(For use by professional employees on contract, except teaching faculty)

Month of:			
Employee:		Employee ID Number	
Department:			

Type of Absence	Number of Hours	Dates Out of Office
Vacation		
Sick Leave		
Personal Leave (Please check)	<input type="checkbox"/> ½ day <input type="checkbox"/> 1 day	
	<input type="checkbox"/> 1 ½ days <input type="checkbox"/> 2 days	
Bereavement Leave		
Floating Holidays		
Other Absence (Explain in Remarks)		

Remarks:

Signatures:

_____ Employee	_____ Supervisor
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Instructions:

1. Contract employees should report all absences on this form. Exceptions to reporting absences may be approved by the supervisor as long as the minimum 40-hour work week has been performed by the employee.
2. College recognized holidays or absence on authorized travel are not reported.
3. Reports due to the immediate supervisor by the 5th day of the following month after the absence occurs.
4. Reports are due to Payroll Office by the payroll cutoff day of the following month after the absence occurs.

Professional Non-Exempt Employee Timesheet

Name:		Title:	
Department:		Account Number:	
Payroll Period:	From:		Thru:

	Start Date	End Date	Sat.	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Total Straight Time	*Comptime Earned
Week 1											
Week 2											
Week 3											
Week 4											
Week 5											

Comptime Approval - Vice President (or President) Signature