

THE UNIVERSITY OF TEXAS AT AUSTIN
Official Time Report for Hourly Employees

PO-6 H
 Rev. 8-2004

Department _____ Name (in full) _____
 Subdivision _____ UT EID _____
 Pay Period Beginning _____ Acct. # _____
 (MO) (DAY) (YR) Pay Period Ending _____ (MO) (DAY) (YR)

Explanation	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total Hours
WEEK 1								
Total Hours Actually Worked								
Absent Time *								

Total Hours Worked in Excess of 40 (Prior Written Approval is Required) _____ Authorized Compensatory Hours _____

WEEK 2								
Total Hours Actually Worked								
Absent Time *								

Total Hours Worked in Excess of 40 (Prior Written Approval is Required) _____ Authorized Compensatory Hours _____

WEEK 3								
Total Hours Actually Worked								
Absent Time *								

Total Hours Worked in Excess of 40 (Prior Written Approval is Required) _____ Authorized Compensatory Hours _____ **TOTAL HOURS FOR PAY PERIOD**

CODE DESIGNATIONS: *Show appropriate hours and code for absent time as follows:

- | | | |
|---------------------------------|---|---|
| (A) – Accident Benefits (WCI) | (H) – Holiday-Paid | (S) – Sick Leave-Paid ** |
| (C) – State Compensatory Time | (J) – Jury Duty-Paid | (SLP) – Sick Leave Pool-Paid ** |
| (E) – Emergency Leave-Paid | (LW) – Leave of Absence Without Pay-Explain in Remarks ** | (V) – Vacation-Paid ** |
| (FH) – Floating Holiday-Paid ** | (MT) – Military Leave | (O) – Other Absences-Explain in Remarks |
- ** add an "F" to the absence code if you are using one of these absence types in conjunction with family medical leave (i.e., use VF for vacation-family medical leave)

Remarks:	I certify the above to be a true and correct accounting of all time worked and absent time.
	Employee (Signature)
	Supervisor (Signature)

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INSTRUCTIONS

GENERAL:

1. The usual work week begins on Monday and ends at midnight on Sunday.
2. Enter the first name, middle initial, last name, and UTEID for the proper identification.
3. Official time reports must be kept on a current basis and be retained in the employing department for three years.
4. Corrections must be initiated by the employee and the supervisor.

TIME RECORDING:

1. Line 1, *Total Hours Worked*: This is the total hours worked each day and is the time counted when determining paid overtime. Report to the nearest 1/4 hour. (NOTE: "Break" time is work time; meal periods are not.) Fractions should be recorded as .25, .50, and .75.
2. Line 2, *Absent Time* (See Code Designations on front): This is absence for which payment may or may not be authorized, depending upon eligibility of the employee. The type of absence is to be identified by a code letter.
3. Line 3, *Total Hours Worked in Excess of Forty*: Overtime hours worked in excess of 40 hours will be extremely limited. The necessity for working on an overtime basis can usually be anticipated, and it is administrative policy to not authorize overtime except in extraordinary situations. Advance approval is required before overtime hours can be worked. All overtime worked *must* be recorded. No other form is to be used in recording overtime.
4. *Authorized Compensatory Hours* for non-exempt employees should be reimbursed for overtime hours by one of the following methods:
 - A. Compensatory time at straight-time may be taken within the same work week;
 - B. Compensatory time at time and one-half may be taken within the same calendar month in which it is worked;
 - C. Overtime must be paid at the rate of time and one-half for hours worked in excess of 40 during a work week, if time off cannot be given in accordance with items A or B above.
5. An employee who works on an authorized holiday will be granted compensatory time, which must be scheduled with the approval of the immediate supervisor. If the employee has not actually worked more than 40 hours in the work week, this compensatory time must be taken on a straight-time basis during the 12-month period following the work week in which it was earned.

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