

**California State University, Bakersfield
FOUNDATION
EXEMPT EMPLOYEE SEMI-MONTHLY TIME SHEET**

Employee Name: _____ Employee ID #: _____

Employee Dept: _____

Supervisor Name: _____ Ext.: _____

Month	Year	From	To

First Semi-Monthly Pay Period			
Date	Hours Worked	Hours Absent	Absence Code
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Second Semi-Monthly Pay Period			
Date	Hours Worked	Hours Absent	Absence Code
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Absence Codes	
B	Bereavement
D	Dock
H	Holiday
J	Judy Duty
L	Leave Without Pay
PH	Personal Holiday
S	Sick Leave
V	Vacation

Instructions

1. Record absences in full day increments.
2. Record hours worked and report absences in Hours Absent column, using letter Codes on chart.
3. Employee and Supervisor must sign time sheet and turn into the Payroll Office by date and time on Payroll Schedule.

I certify this to be a true and accurate record of hours worked/absent during this reporting period.

Employee Signature

Date

Supervisor Signature

Date