



PORTAGE COLLEGE

NON-INSTRUCTIONAL STAFF ATTENDANCE REPORT

Employee Name _____

For month / year _____

NO EXCEPTIONS TO REPORT

ENTITLEMENTS TAKEN (EXCLUDING TOIL, as noted by the following Leave codes):

| | | |
|---|-------------------------------|--------------------|
| AH Annual Holiday | SP Special Leave | OTH Please specify |
| IC Casual Illness | Bereavement Leave (state who) | |
| IG General Illness (attach doctor's note) | Travel Time (state where) | |
| LTDI Long Term Disability | Family Illness (state who) | |
| UB Union Business | Moving Day | |
| LWOP Leave Without Pay | Mourner (state who) | |

| Date(s) | From (hour) | To (hour) | Total Time Taken (days or hours) | Leave Code | Remarks |
|---------|-------------|-----------|----------------------------------|------------|---------|
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OVERTIME AND TOIL TAKEN (as noted by the following Salary Adjustment codes):

| | | | |
|-------------|------------------------|---------------|-----------------------|
| OT Overtime | WSD Weekend Premium | CBK Callback | TOIL Time Off in Lieu |
| | SDN Shift Differential | STDBY Standby | |

| Date | From (hour) | To (hour) | Sal. Adj. Code | Overtime Hours Worked @ 1 | Overtime Hours Worked @ 1.5 | TOIL Hours Taken | Remarks (including charge back instructions - attach prior approval) |
|---------------------------|-------------|-----------|----------------|---------------------------|-----------------------------|------------------|--|
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| Total Hours Worked x rate | | | | = (A) | x 1.5 = (B) | x 2 = (C) | Total TOIL Taken = (D) |
| Calculated Hours Earned | | | | | | | |

| | | | | | |
|--------------|------------------|------------------------------------|----------------------|-----------------|---------|
| TOIL SUMMARY | Previous Balance | Add: OT Earned (total of A, B & C) | Less: TOIL Taken (D) | Balance Forward | Remarks |
| | | | | | |

CONTRACT / AD HOC PAYMENTS (attach authorization)

Type of Work Done _____ \$Amount _____ Charge to Code _____ Remarks _____

| Capital or Project Work Description | Chargeback Budget Code | Capital Approval # | Number of Hours | HR Office Use Only | |
|-------------------------------------|------------------------|--------------------|-----------------|--------------------|---------|
| | | | | \$ Chargeback | HR Code |
| | | | | | |
| | | | | | |
| | | | | | |

Employee Signature _____ Date _____ Supervisor / Dean Signature _____ Date _____

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|---------------------|
| EMPLOYEE#: _____ |
| DATE ENTERED _____ |
| DATE VERIFIED _____ |

> THE TIMESHEET MAINTAINED BY HUMAN RESOURCES IS THE OFFICIAL DOCUMENT.

- > Please retain a copy for your reference.
- > Human Resources will return a photocopy of your timesheet if there are corrections.