

**CLASSIFIED  
MONTHLY/EQUALIZED TIMESHEET**



NAME: \_\_\_\_\_

MONTH: \_\_\_\_\_

POSITION 1: \_\_\_\_\_

YEAR: \_\_\_\_\_

DATE	POS 1 HOURS WORKED	ABSENT HOURS	REASON CODE	EXTRA HOURS	EXPLANATION
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					
TOTALS					

SL Illness	PNL Personal Necessity	JD Jury Duty	VA Vacation
H Holiday	WC Workers Comp	ML Maternity Leave	CT Comp Time
RT Release Time	BR Beravement (State Relationship)		WOP Without Pay

I certify that all information is correct as indicated:

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR VCSBSA USE ONLY**

Code	Rate	Units	Amount
REG			
OTS			
OT1			
WOP			

**FOR VCSBSA USE ONLY**

Leave Usage	
VA:	BR:
SL:	RT:
PNL:	WC:
JD:	

**Total Pay:** \_\_\_\_\_