

**Johns Hopkins University Montgomery County Employee Timesheet**

**Name:** \_\_\_\_\_

**PERNR:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Cost Center or Internal Order:** \_\_\_\_\_

**Week Ending Date (Sunday):** \_\_\_\_\_

Day	Hours Worked	Sick & Safe Leave Hours Taken
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
<b>Total Hours To be Paid</b>		

**For Departmental Use Only:**

**Hours Eligible for Sick an Safe Leave**

Hours Carried Over From Prior Week	Hours Worked This Week	Cumulative Hours	Hours Needed to Earn Leave	Hours To Carryover To Next Week	Sick & Safe Leave Earned

**Available Sick and Safe Leave**

Prior Leave Balance	Safe & Sick Leave Earned This Period	Leave Hours Available	Leave Taken This Week	New Leave Balance (capped at 56)

**Employee Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_