

THE UNIVERSITY OF MONTANA -
WESTERN

TIME ALLOCATION REPORT

EMPLOYEE NAME: _____
 DEPARTMENT: _____
 SOCIAL SECURITY NO.: _____
 PAY PERIOD: _____

	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			
Regular Time																																			
Sick Leave																																			
Vacation																																			
Holiday																																			
Compensatory Time Off																																			
Other: (Explain)																																			
TOTALS																																			
Overtime																																			
Comp. Time Earned																																			

Compensatory Time

Explanation of compensatory time earned: _____

Employee's Signature: _____

Supervisor's Signature: _____