

Monthly Compensatory Time Worked Report

MARIN ID #

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POSITION #

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NAME	LAST	FIRST
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FUND	ORGN	ACCOUNT	PROGRAM
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TOTAL ACTUAL/STRAIGHT TIME HOURS WORKED	DEPARTMENT	TITLE	%FTE
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Record all time worked in correct blocks for days of month(s) worked. Fill in only the actual number of hours worked. The time and a half calculation will be done automatically.

25	26	27	28	29	30	31	Prior month/year
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	Current month/year
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30	31					

EMPLOYEE CERTIFIES AS TRUE AND CORRECT _____ DATE _____

SUPERVISOR CERTIFIES AS TRUE AND CORRECT _____ DATE _____

MANAGER _____ DATE _____