The University of Montana	**INTRA-DEPARTMENTAL Employee Time Record (Monthly)**	Employee Name	
		Banner ID:	
		Month/Year	

This form is for departmental use only. Do not submit to Human Resource Services.

	DATE (record in hours)															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Regular																
Holiday																
Annual																
Sick																
Other (Specify)																

	DATE (record in hours)															
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
Regular																
Holiday																
Annual																
Sick																
Other (Specify)																

I certify that the above time record is accurate to the best of my knowledge.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

This form must be retained with departmental records for three (3) years beyond the end of the fiscal year.

Rev. 4/96