Standby Time Entry

**MONTH/YEAR:**

This form is to be used by an employee and/or supervisor to record standby hours. The employee and supervisor must sign this form before processing. See the payroll calendar for submission deadlines. Please print legibly.

**Last Name First Name s#**

**Position ID Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Hours Worked | Date | Hours Worked |
| 1 |  | **17** |  |
| 2 |  | **18** |  |
| 3 |  | **19** |  |
| 4 |  | **20** |  |
| 5 |  | **21** |  |
| 6 |  | **22** |  |
| 7 |  | **23** |  |
| 8 |  | **24** |  |
| 9 |  | **25** |  |
| 10 |  | **26** |  |
| 11 |  | **27** |  |
| 12 |  | **28** |  |
| 13 |  | **29** |  |
| 14 |  | **30** |  |
| 15 |  | **31** |  |
| 16 |  |  |  |

 **Total Hours**

**Employee Signature Date**

**Supervisor Signature Print Name Date**