LAST NAME _____ FIRST _____ PAY PERIOD ____/____

POSITION _____ DEPT _____ PROJECT _____ SITE _____

FOR OFFICE USE ONLY: SCHEDULED HRS PER PAY PERIOD _____ EXEMPT? _____ CONTRACT? _____

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORKED	ANNUAL LEAVE	SICK LEAVE	HOLIDAY OFF N/C	OTHER PD LEAVE	REMINDER		FML/AWOL DISC/ADMIN	UNPAID HOURS
S													Use black ink only.			
M													Attach Leave Forms.			
T													Record hours in			
W													decimals not fractions.			
T													Only hours worked in			
F													excess of 40 are OVT.			
S													**TOTAL REGULAR**	**TOTAL OVERTIME**		
							WEEK 1 TOTALS									
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORKED	ANNUAL LEAVE	SICK LEAVE	HOLIDAY OFF N/C	OTHER PD LEAVE	**REMINDER**		FML/AWOL DISC/ADMIN	UNPAID HOURS
S													Exempt employees			
M													should record total time			
T													in the Total Reg column.			
W													Sub hours should have			
T													initials & project			
F													by date worked.			
S													**TOTAL REGULAR**	**TOTAL OVERTIME**		
							WEEK 2 TOTALS									
							PAYROLL PERIOD TOTALS									

COMMENTS / EXPLANATIONS INCLUDING OVERTIME:

REG HOURS	OT HOURS	
		IN SCHOOL / FLEX HOURS
		TRAINING / CONFERENCE

I understand that if I am a non-exempt employee I may not take Agency/Program work home to be done "on my own time" or work overtime without the express approval of my supervisor. I further understand that if I do take work home, Agency policy requires the time to be accurately recorded on my time sheet as hours worked. I further understand that I must have specific approval for each and every day or instance I request or am requested to take work home or work overtime.

_____ SUPERVISOR'S SIGNATURE

_____ EMPLOYEE'S SIGNATURE

REV: Oct 3, 2005