MONTHLY TIME SHEET

NAME:__________________________________ **MONTH:**________________________________

Date	Day	In for Day	Time Out	Time In	Time Out	Time In	Time Out	Time In	Out for Day	Hrs Wrkd	OT Hours	S	V	OH	Comp. Hours (-)Off, (+)Worked	Remarks
	Mon															
	Tues															
	Wed															
	Thurs															
	Fri															
	Sat															
	Sun															
	Mon															
	Tues															
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	Tues															
	Wed															
	Thurs															
	Fri															
	Sat															
	Sun															
Please total the hours:												0		0		

If you have worked in excess of your regularly scheduled hours, you must notify your supervisor immediately and complete the approval form and biweekly time sheets. Overtime must be paid on a biweekly basis.

I certify that the hours recorded are an accurate record of hours worked and that I took the meal and rest periods I am entitled to by law.

Employees Signature & Date:__________________________________

Hrs are reported and pd in the nearest tenth of an hour as follows: as follows:

1-6 min = .1	19-24 min = .4	37-42 min = .7
7-12 min = .2	25-30 min = .5	43-48 min = .8
13-18 min = .3	31-36 min = .6	49-54 min = .9

I certify that this time report is an accurate statement of hours worked.

Supervisor's Signature & Date:__________________________________

PRINT OR INK ONLY, DO NOT USE PENCIL.

REFER TO UNIVERSITY POLICIES WEB PAGE FOR POLICIES CONCERNING OVERTIME COMPENSATION AND REQUIRED MEAL BREAKS.