



TIME SHEET - SUPPORT STAFF

Name _____

Position _____

Substitute
for (name) _____

Campus _____

Inclusive
Substitution Dates _____

Account
Code _____

This time sheet is for 2 weeks, ending with a payday (Friday). Please fill in the dates under the days of week. Give the start and finish times of work, indicating a.m. or p.m. **Leave statutory holidays blank**, unless you worked. Time sheets must be received by payroll by the Wednesday following payday to be processed in the next pay.

MONTH _____

	SAT	SUN	MON	TUES	WED	THUR	FRI	SAT	SUN	MON	TUES	WED	THUR	FRI
Date														
Start Time														
End Time														
Total Hours														
PAYROLL USE ONLY (STAT CALC)								Total straight time worked						
								Total overtime worked						
								Hours eligible for shift premium						

PAYROLL USE ONLY

COMMENTS

Employee's Authorization Date

Supervisor's Authorization Date

OVERTIME Authorization Date