

BIWEEKLY CASUAL TIME SHEET

Employee Name & Department/School _____ SS# _____ - _____ - _____

Account Number: _____

Period Covered: _____

Regularly Schedules hours: (Total hours and times) _____

From _____ Through _____

1	In	Out	Total Supervisor's Hours	Supervisor's Note/Initials	2	In	Out	Total Supervisor's Hours	Supervisor's Note/Initials
Monday	-----	-----			Monday	-----	-----		
Tuesday	-----	-----			Tuesday	-----	-----		
Wednesday	-----	-----			Wednesday	-----	-----		
Thursday	-----	-----			Thursday	-----	-----		
Friday	-----	-----			Friday	-----	-----		
Saturday	-----	-----			Saturday	-----	-----		
Sunday	-----	-----			Sunday	-----	-----		

Instructions:

Enter (in Ink) time in and out and hours worked on a daily basis (exclude meal breaks from "Total Hours".)

Enter accurate time.

After working six hours, there must be at least a 15 minute break which must be reported and excluded from Total Hours.

After working 7 hours, there must be at least a half hour break which must be reported and excluded from Total Hours.

Time sheet should be completed daily and given to the supervisor/divisional administrator at the end of the period covered. (Signatures must be original)

Original timesheet must be submitted to the Payroll Office in the Department of Medicine according to the scheduled calendar.

If timesheet is received after scheduled calendar date it will be processed for the next scheduled calendar date.

Total Hours worked: _____

Total Hours worked: _____

Employee Signature _____

Approved (no stamps or par signatures) _____