

**RECORD OF HOURS WORKED FOR
BI-WEEKLY SUPPORT STAFF**

Account Number: _____

Period Covered: _____

From _____ Through _____

SS# _____

Employee Name & Department/School _____

Regularly Schedules hours: (Total hours and times) _____

Instructions:

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

On days off for which pay is approved, enter the appropriate code in place of the of the Sign-in/Sign-out time as follows (show as hours worked under "Total Hours"):

- V - Vacation
- H - Official Holiday
- D - Death In Family
- W - Worker's Compensation
- J - Jury Duty
- C - Compensatory time
- P - Personal Day
- S - Sick, Ill

On days off for which the employee is not paid, enter the appropriate code in place of the Sign-In/Sign-Out time as follows (do not show as time worked under "Total Hours"):

- LOA - Leave Of Absence
- A - Absent Without Pay

Please Note:

This form must be prepared for each support staff employee, signed by the employee, and submitted to the administrative office of the department at the close of each two week period where it is signed by the supervisor or administrator and retained for three years. Forms for employees who work in more than one department will be kept in the administrative department.

For purposes of computing overtime, the work week begins on Monday and ends on Sunday. Paid overtime hours must be approved in advance by the Chairman of the department or his or her Officer designee

Completion of time sheets is a legal requirement of the Fair Labor Standards Act and negotiated contractual requirement.

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

Total Hours worked: _____

Total Hours worked: _____

Approved Overtime Hours: _____

Approved Overtime Hours: _____

***** BI-WEEKLY PAID EMPLOYEES SHOULD ALLOW TWO PAY PERIODS BEFORE EXPECTING THIS ADDITIONAL PAY TO BE SHOWN ON THEIR PAYCHECKS. *****

Certified/correct: _____

EMPLOYEE SIGNATURE _____

SIGNATURE OF SUPERVISOR/ADMINISTRATOR _____