

## BI-WEEKLY TIME SHEET FOR NON-EXEMPT EMPLOYEE

Employee Name: \_\_\_\_\_ Ext. : \_\_\_\_\_

Department/Cost Ctr.: \_\_\_\_\_ Bi-Weekly Ending Date: \_\_\_\_\_

**Instructions:**

1. Place start, finish and lunch hour for each day.
2. Place number of hours worked on each day in appropriate column to be charged.
3. Forms must be in the Payroll Department by 10:00 AM on the "Time Card Due Date." (No calls will be made to secure missing time sheets.)
4. The form covers fourteen (14) days. 70 – 80 hours are to be accounted for if full time. Part time hours should be marked on days worked area.
5. Payroll must have two weeks' notification for advance vacation checks.

DATES	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S
MONTH/DAY														
START (IN)														
FINISH (OUT)														
LUNCH (OUT)														
LUNCH (IN)														

### TOTALS

Total Reg. Hrs.														
Overtime														
Vacation														
Holiday														
Sick Leave*														
Bereavement*														
Jury Duty*														
Other*														
<b>Total</b>														

\*Please explain in detail: \_\_\_\_\_

I have recorded all hours I have worked. This is a true and accurate record of my time worked and time off for the period shown. I have been allowed to take all my rest and meal breaks. I understand that if I do not submit an accurate timesheet I may be subject to disciplinary action.

He notado todas las horas que he trabajado. Esto es un verdadero y exacto registro de mi tiempo de trabajo y tiempo libre durante el período indicado. Me han permitido tomar mi tiempo de descanso y de comida. Entiendo que si no entrego una hoja con horas exactas podría ser sujeto a acción disciplinaria.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Phone No./Ext \_\_\_\_\_ Date \_\_\_\_\_