

LATE Time Sheet for Bi-Weekly Hourly Employees

PAY PERIOD MONDAY BEGIN DATE

PAY PERIOD SUNDAY END DATE

SUPERVISOR'S NAME (PRINT)

DEPARTMENT

EMPLOYEE'S NAME (PRINT)

EMPLOYEE'S BANNER ID NUMBER

POSITION NUMBER

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	DAILY HOURS	WEEKLY HOURS
MON							
TUES							
WED							
THURS							
FRI							
SAT							
SUN							
Week 1						WEEKLY TOTAL	Total Hours: Regular Hours: Overtime Hours:

REASON FOR SUBMITTING A LATE PAPER TIME SHEET:

Regular Hours: _____

Overtime Hours: _____

TOTAL HOURS THIS PAY PERIOD: _____

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	DAILY HOURS	WEEKLY HOURS
MON							
TUES							
WED							
THURS							
FRI							
SAT							
SUN							
Week 2						WEEKLY TOTAL	Total Hours: Regular Hours: Overtime Hours:

EMPLOYEE'S SIGNATURE

I certify that this time sheet accurately reflects hours worked by me during this pay period.

SUPERVISOR'S SIGNATURE

I have reviewed the employee's time and certify that this time sheet accurately reflects hours worked by the employee during this pay period.