

NAU EMPLOYEE TIME SHEET

BENEFIT ELIGIBLE/NON-EXEMPT EMPLOYEES ONLY

NAME: Non-essential employee SSN: _____ POSITION #: Did not work
 PAY PERIOD FROM: _____ TO _____ EMPL ID # _____
 DEPT CODE: _____ DEPT NAME: _____ REG # HRS WK _____

Date:	M	T	W	T	F	S	S	WEEK1 TOTAL	M	T	W	T	F	S	S	WEEK2 TOTAL	GRAND TOTAL
TOTAL HOURS PHYSICALLY WORKED		0															
SICK HOURS																	
VACATION HOURS																	
COMPENSATORY HOURS TAKEN																	
TIME OFF WITHOUT PAY																	
HOLIDAY HOURS																	
STANDBY PAY																	
CALLBACK PAY																	
ON CALL PAY NAU Closure *			# hrs	(scheduled work hours – based on FTE)													
TOTALS																	

* NAU Closure 01/04/05	TOTAL REGULAR TIME HOURS (To be Paid)		
	TOTAL OVERTIME HOURS TO BE PAID		
	TOTAL OVERTIME HRS TO BE ACCRUED AS COMP. TIME		
	TOTAL REGULAR HRS TO BE ACCRUED AS COMP. TIME		
	* TOTAL COMP. HRS TO BE PAID		

	BEGINNING BAL.:		
COMP. TIME RECORD	HOURS EARNED	+	_____
	HOURS TAKEN	-	_____
	* COMP. HRS. TO BE PAID	-	_____
	ENDING BALANCE	=	_____

CORRECT: _____
 Employee Signature

By my signature, I attest that I have recorded all hours physically worked during this pay period.

APPROVED: _____

(HOURS PHYSICALLY WORKED OVER 40 IN ONE WEEK MUST BE ACCRUED OR PAID AT TIME AND ONE-HALF)

Department Head/ Supervisor Signature
(PLEASE PRINT)
Contact Name:
Phone #:

EMPLOYEES MUST SUBMIT BIWEEKLY TIME SHEET TO THEIR SUPERVISOR. DEPARTMENTS SUBMIT TIMESHEETS TO PAYROLL ONLY IF ADDITIONAL HOURS ARE TO BE PAID

PAYROLL PLEASE PAY:

Please Specify:

HOURS	REASON
	Standby (Straight time)
	Callback (1.5)
	On Call
	OT 1 (Straight Time)
	OT5 (Overtime)
	*Comp Pay