

NAU EMPLOYEE TIME SHEET

BENEFIT ELIGIBLE/NON-EXEMPT EMPLOYEES ONLY

NAME: Essential employee SSN: _____ POSITION #: Did 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		# hrs	(hours physically worked)															
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	# hrs	Used for additional hours physically worked over 40	
	TOTAL REGULAR HRS TO BE ACCRUED AS COMP. TIME	# hrs	Used for additional hours physically worked under 40	
	* TOTAL COMP. HRS TO BE PAID			

	BEGINNING BAL.:			
COMP. TIME RECORD	HOURS EARNED	+		
	HOURS TAKEN	-		
	* COMP. HRS. TO BE PAID	-		
	ENDING BALANCE	=		
(HOURS PHYSICALLY WORKED OVER 40 IN ONE WEEK MUST BE ACCRUED OR PAID AT TIME AND ONE-HALF)				

CORRECT: _____
 Employee Signature

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

APPROVED: _____
 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

MUST BE COMPLETED IN INK AND ALL CHANGES INITIALIZED

	OT 1 (Straight Time)
	OT5 (Overtime)
	*Comp Pay