

Timesheet & Overtime Form

- 1) This Form must be used for all non-exempt, overtime eligible employees (State Classified, Administrative Professional and Research Professional).
- 2) Items A through E should be completed by the employee or immediate supervisor and confirmed by the immediate supervisor of the employee.
- 3) Employees eligible for overtime compensation must record the actual hours worked each day, leave and compensatory time used in the WORK/LEAVE/COMPENSATORY HOURS section of the form. Weekly totals are calculated and summarized in the proper column under the TOTAL HOURS section. All time worked in excess of 40 hours in a work week, as recorded in the Total Hours column, is recorded in the O/T Hrs column and must be tracked as compensatory time or paid as overtime pay.
- 4) Supervisors must initial hours worked each week verifying that the information recorded is complete and accurate.
- 5) A time clock or other computerized time tracking system may be used in lieu of this form to record hours worked. This form may be used to supplement such systems to record the use of paid leave and/or compensatory time, if desired.
- 6) DO NOT track/report daily work hours for exempt employees. This form may be used for exempt employees to record usage of various types of leave and to supplement a leave request form which should be completed and approved in advance of the date the leave is actually taken.

A) Name _____
 B) Assignment ID# _____
 C) Title _____

D) Department/Division _____
 E) If Exempt from overtime, check here: (See #6)

Work Week Ending	WORK/LEAVE/COMPENSATORY HOURS							TOTAL HOURS					Supervisor Initials		
	SAT	SUN	MON	TUES	WED	THUR	FRI	Work	Sick Leave	Annual Leave	Other Paid Hrs	Total		O/T Hrs	
7/1/2016															
7/8/2016			H												
7/15/2016															
7/22/2016															
7/29/2016															
8/5/2016															
8/12/2016															
8/19/2016															
8/26/2016															
9/2/2016															
9/9/2016			H												
9/16/2016															
9/23/2016															
9/30/2016															
10/7/2016															
10/14/2016															
10/21/2016															
10/28/2016															

Use the following codes to record periods of authorized paid leave and compensatory time used:

AL—Annual H—Holiday CT—Compensatory Time JL—Jury IL—Injury
 SL—Sick BL—Bereavement AD—Administrative ML—Paid Military

Work Week Ending	WORK/LEAVE/COMPENSATORY HOURS							TOTAL HOURS					Supervisor Initials	
	SAT	SUN	MON	TUES	WED	THUR	FRI	Work	Sick Leave	Annual Leave	Other Paid Hrs	Total		O/T Hrs
11/4/2016														
11/11/2016														
11/18/2016														
11/25/2016						H	H							
12/2/2016														
12/9/2016														
12/16/2016														
12/23/2016														
12/30/2016			H	H	H									
1/6/2017			H											
1/13/2017														
1/20/2017			H											
1/27/2017														
2/3/2017														
2/10/2017														
2/17/2017														
2/24/2017														
3/3/2017														
3/10/2017														
3/17/2017														
3/24/2017														
3/31/2017														
4/7/2017														
4/14/2017														
4/21/2017														
4/28/2017														
5/5/2017														
5/12/2017														
5/19/2017														
5/26/2017														
6/2/2017			H											
6/9/2017														
6/16/2017														
6/23/2017														
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