

NON-EXEMPT HOURS WORKED RECORD

The Non-exempt Time Sheet is to be completed and signed by the employee and approved by the supervisor.

Employee _____	Department _____
----------------	------------------

Week Beginning _____									
		SAT	SUN	MON	TUE	WED	THURS	FRI	TOTAL
Number of Hours Worked									
Actual Times Worked	In								
	Out								
	In								
	Out								
Absence Code									
Paid Absence Time									
1 WEEK TOTAL									

ABSENCE CODES					
S	Sick	H	Holiday	L	Leave
P	Personal	D	Death in Family	M	FMLA (Medical)
V	Vacation	J	Jury Duty	F	FMLA (Family)
				U	Unpaid Absence
				K	Military Leave
				N	No Work

Comments

Employee Signature _____

Supervisor Signature _____