

Non-Exempt Employee Timesheet



Employee Name: _____

Program Name: _____

Entity Number: 782

Pay-Period Ending: _____

I certify that this is an accurate record of hours I have worked this pay period.

Employee Signature: _____

Supervisor Signature: _____

Weekday	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Totals
Date								
Hours worked								
• From								
• To								
Total Hours Worked (1)								
Holiday								
Sick Day								
Vacation Day								
Personal Day								
Bereavement								
Overtime Hours								

Weekday	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Totals
Date								
Hours worked								
• From								
• To								
Total Hours Worked (1)								
Holiday								
Sick Day								
Vacation Day								
Personal Day								
Bereavement								
Overtime Hours								

(1) **Do not include lunch break in hours worked.**

Notes: