

TIME REPORT (FULL-TIME)

NAME: (Please Print)

FOR THE WEEK BEGINNING SUNDAY, _____, 20____ AND ENDING SATURDAY, _____, 20____.

DAYS OF WEEK	TIME WORKED*										TOTAL HOURS
	START	STOP	START	STOP	START	STOP	Vacation	Sick	Personal	• Other	
SUNDAY											
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											

*Round to nearest quarter hour	TOTAL HOURS WORKED AND PAID FOR THIS WEEK:	
--------------------------------	---	--

<p style="text-align: center;"><u>APPROVAL OF OVERTIME</u> (OVERTIME HOURS AND HOURS OUTSIDE OF REGULARLY SCHEDULED HOURS)</p> <p style="text-align: center;">TOTAL OVERTIME HOURS WORKED FOR THIS WEEK SUPERVISOR APPROVAL</p> <p style="text-align: center;">VICE PRESIDENT/PRESIDENT APPROVAL OF OVERTIME</p>	<p>I HEREBY CERTIFY THAT THE ABOVE IS CORRECT.</p> <p>SIGNED (EMPLOYEE) POSITION WORKED</p> <p>APPROVED (SUPERVISOR)</p> <p>• <i>OTHER TIME OFF CODES</i></p> <p>B = Bereavement H = Holiday C = College Closed J = Jury Duty F = FMLA P = Professional</p>
--	---

EMPLOYEE: Please give this report to your supervisor at the end of the week. Please print on **blue paper**.
 SUPERVISOR: Supervisor, please approve and send to Human Resources by 5:00 p.m. the following Monday.