

# TIME REPORT (PART-TIME)

NAME: (Please Print)

FOR THE WEEK BEGINNING SUNDAY, \_\_\_\_\_, 20\_\_\_\_ AND ENDING SATURDAY, \_\_\_\_\_, 20\_\_\_\_

DAYS OF WEEK											TOTAL HOURS WORKED
	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:**

**APPROVAL OF OVERTIME**  
(OVERTIME HOURS AND HOURS OUTSIDE OF REGULARLY SCHEDULED HOURS)

TOTAL OVERTIME HOURS WORKED FOR THIS WEEK \_\_\_\_\_

SUPERVISOR APPROVAL \_\_\_\_\_

VICE PRESIDENT/PRESIDENT APPROVAL OF OVERTIME \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE IS CORRECT.

SIGNED (EMPLOYEE) \_\_\_\_\_

POSITION WORKED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

APPROVED (SUPERVISOR) \_\_\_\_\_

● **OTHER TIME OFF CODES**

B = Bereavement      J = Jury Duty  
 C = College Closed      P = Professional  
 H = Holiday

EMPLOYEE: Please give this report to your supervisor at the end of the week. Please print on **green paper**.

SUPERVISOR: Supervisor, please approve and send to Human Resources by 5:00 p.m. the following Monday.