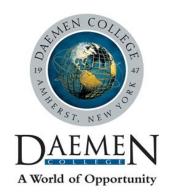
Г	EPT	NUN	/IBEF	2						
R	EGU	JLAR	HOU	JRS	OVERTIME HOURS					



## **STAFF TIME REPORT**

NAME	<b>=</b>					POSITION				DATE			
The following is a true statement of hours worked during					g the period b	eginning	and ending						
	DATE	TOTAL HOURS WORKED	IN TIME	OUT TIME	TIME SUBTRACTED FOR LUNCH		DATE	TOTAL HOURS WORKED	IN TIME	OUT TIME	TIME SUBTRACTED FOR LUNCH		
SUNDAY						SUNDAY							
MONDAY						MONDAY							
TUESDAY						TUESDAY							
WEDNESDAY						WEDNESDAY							
THURSDAY						THURSDAY							
FRIDAY						FRIDAY							
SATURDAY						SATURDAY							
Total Hours for Week							Total Hours for Week TOTAL HOURS						
Department of Employment:					E	Employee Signature:							
						Supervisor Signature:							

This report must be completed daily and signed at the end of every two-week payroll period and submitted to your immediate supervisor for approval. The supervisor's duty is to check the report for errors before signing. It is the employee's responsibility to turn in the report to the Office of Employee Engagement BY NOON MONDAY on a biweekly basis. To avoid late timesheets, if the employee or supervisor is not on campus the day the timesheet is due, please call the Office of Employee Engagement at ext. 8325 to make other arrangements. Department of Labor regulations require employees working more than 6 hours to take a one-half hour unpaid meal break.