

Non-Exempt Employee Time Sheet

| | |
|---------------|---|
| Employee Name | 0 |
|---------------|---|

| | |
|-------------|---|
| School/Dept | 0 |
|-------------|---|

| | |
|--------|---|
| DPS ID | 0 |
|--------|---|

| | |
|-----------------|---|
| Job Code number | 0 |
|-----------------|---|

| | |
|----------------------|--|
| Week ending (Sunday) | |
|----------------------|--|

| | Time In | Time Out | Total Reg hrs | 2000 OT | 1001 ST | 3050 Sick -EE | 3100 Sick -FM | 3000 Vacation | 3150 Persnl | Other _____ | Comments |
|----------------------|---------|----------|---------------|---------|---------|---------------|---------------|---------------|-------------|-------------|----------|
| Mon | | | | | | | | | | | |
| Tues | | | | | | | | | | | |
| Wed | | | | | | | | | | | |
| Thurs | | | | | | | | | | | |
| Fri | | | | | | | | | | | |
| Sat | | | | | | | | | | | |
| Sun | | | | | | | | | | | |
| Weekly Totals | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

| | |
|----------------------|--|
| Week ending (Sunday) | |
|----------------------|--|

| | Time In | Time Out | Total Reg hrs | 2000 OT | 1001 ST | 3050 Sick -EE | 3100 Sick -FM | 3000 Vacation | 3150 Persnl | Other _____ | Comments |
|----------------------|---------|----------|---------------|---------|---------|---------------|---------------|---------------|-------------|-------------|----------|
| Mon | | | | | | | | | | | |
| Tues | | | | | | | | | | | |
| Wed | | | | | | | | | | | |
| Thurs | | | | | | | | | | | |
| Fri | | | | | | | | | | | |
| Sat | | | | | | | | | | | |
| Sun | | | | | | | | | | | |
| Weekly Totals | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

Grand totals for entire reporting period

| Code | Type of pay | Total Hrs | Dates Used |
|------|-------------------|-----------|------------|
| 1000 | Regular | | |
| 2000 | Overtime | | |
| 1001 | Straight time hrs | | |
| 3050 | Sick hours | | |
| 3100 | Sick hours | | |
| 3000 | Vacation hours | | |
| 3150 | Personal hours | | |
| | Other | | |

I certify, with my signature, that the weekly hours reported above, are accurate and complete to the best of my knowledge.

Employee Signature _____

Date

Authorized Signature _____

Date