

DENISON UNIVERSITY

SUPPORT STAFF TIMESHEET

EMPLOYEE NAME _____

Payroll ID # D -

DEPT. NAME _____

ACCT# _____

PAY PERIOD ENDING DATE _____

DAY	DATE	TIME IN	TIME OUT	HOURS WORKED AND/OR HOLIDAY HOURS		L E A V E H O U R S				EXPLANATION <small>ENTER NO HOURS HERE</small>	TOTAL PAID HOURS	
				REG	O/T	VACATION	FLOATER	SICK LEAVE			REGULAR	OVERTIME
								SICK	FAMILY			
SUNDAY		:	:									
MONDAY		:	:									
TUESDAY		:	:									
WEDNESDAY		:	:									
THURSDAY		:	:									
FRIDAY		:	:									
SATURDAY		:	:									
1st WEEK TOTALS			---reg		+	+	+	+		=		
			---o/t									
SUNDAY		:	:									
MONDAY		:	:									
TUESDAY		:	:									
WEDNESDAY		:	:									
THURSDAY		:	:									
FRIDAY		:	:									
SATURDAY		:	:									
2nd WEEK TOTALS			---reg		+	+	+	+		=		
			---o/t									
GRAND TOTAL FOR PAY PERIOD			---reg		+	+	+	+		=		
			---o/t									

PLEASE NOTE: ALL COLUMNS MUST BE TOTALED AND MUST ADD LEFT TO RIGHT
 : Include Funeral**/Jury hours in the Hours Worked Column. State **relationship/Jury Duty in OTHER column.

OVERTIME ALL EMPLOYEES receive Overtime based on a 40 hr week only

CALL BACK HOURS: record "hours" in Hours Worked column **AND** indicate as "CB" in OTHER column
 for guidelines refer to Employee Handbook

Employee Signature _____
 Supervisor Signature _____
 Date _____