



Professional Employee Time Sheet for
Non-Exempt Staff

Employee: _____

Pay Period: _____
Month/Day/Year to Month/Day/Year

I certify that I have worked my regularly assigned schedule, and have not worked in excess of 40 hours per week during this payroll period.

Day	IN	OUT	IN	OUT	Total Hours	Day	IN	OUT	IN	OUT	Total Hours
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
Mon						Mon					
Tue						Tue					
Wed						Wed					
					Hours worked each week						
					-40						-40
					Equals O.T. hours						
					x1.5						x1.5
					Equals O.T. comp time earned						
					O.T. comp time earned this pay period						
					O.T. comp time used this pay period						

I certify that the hours shown above, including the time charged to compensatory time credits, are correct and approved.

Employee Signature

Supervisor Signature



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