WNMU

DIVISION OF BUSINESS AFFAIRS

Department of Payroll

PAYROLL TIME REPORT

Employee Name:			**Period Covered From:**		**Period Covered Through:**
WNMU ID #:			**Department:**		
Employee Status:	**Temporary:**	**Regular:**	**Note:** *Non-Exempt Overtime compensation is paid according to each work week which starts on Sunday and ends on Saturday for a complete 7 day work week. Overtime is based on actual work over 40 hours per week. Actual hours worked for all positions are combined to determine overtime compensation.*		

DAY	DATE	IN	OUT	TYPE	IN	OUT	TYPE	IN	OUT	TYPE	HOURS WORKED
SUNDAY											
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
SUNDAY											
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
Original Payroll Time Report needs to be turned into the Payroll Office by 4:30 on the scheduled due date as stated on the current payroll schedule								TOTAL HOURS WORKED:			

I certify this time sheet is a correct accounting of the hours I have worked. EMPLOYEE SIGNATURE: _____ DATE: _____

I certify this time sheet is a correct accounting of the hours this employee has worked. SUPERVISOR SIGNATURE: _____ DATE: _____

Overtime is required to be approved by the appropriate Vice President of Designee. VICE PRESIDENT SIGNATURE: _____ DATE: _____

Type:	REG=Regular Hours	OT=Overtime Hours	HOL=Holiday	ANN=Annual Leave	SIC=Sick Leave	BER=Bereavement	X=Other	CA=Comp time accrued	CU=Comp time used	LWB=Leave without Pay

PAYROLL USE ONLY								
REG	X	OTT	OTS	SIC	ANN	CTS	CTT	CTU