

**CAMERON UNIVERSITY
BI-WEEKLY TIME SHEET**

EMPLOYEE ID NUMBER _____ **NAME** _____

PAYROLL HOURS FROM: _____ **TO:** _____ (insert date range)

ADMINISTRATIVE UNIT/SCHOOL _____ **POSITION** _____

FOR WEEK OF (SUN - SAT)	SUN	MON	TUES	WED	THU	FRI	SAT	HOURS WORKED (150)	OTHER HOURS W/PAY	TOTAL PAYROLL HOURS	*OVRTM HOURS
Totals											

*Work hours exceeding 40 hours/week must be explained in detail on the back of this sheet.

EXPLANATION:

- When sick leave exceeds three days, the primary supervisor is required to notify the Human Resources Office for FMLA purposes.
- Each employee is responsible for immediately notifying their primary supervisor if personal illness or temporary disability, or illness of an immediate family member prohibits the employee from being available for performance of duties.
- Enter only hours each day. Do not enter start and stop time.
- For absences insert the following symbols to indicate why you were not at work on a particular day and total hours absent for the two-week period:

(S) Personal Illness (200) Hours _____ (F) Family Illness (201) Hours _____ (J) Special** Hours _____

(V) Vacation (205) Hours _____ (H) Holiday (210) Hours _____ (O) Off W/O Pay (110) Hours _____

(CT) Comp. Time*** Hours _____

** Jury duty, military active duty or personal leave for funeral/interment of qualified family members. (Documentation may be required)

***Comp Time must be taken during the above pay period. If it is not taken during this period, it will be paid out on this paycheck.

I certify that the payroll time claimed above is true and correct for the stated period.

Employee's Signature

Date

Supervisor's Signature

Date