

Hobart and William Smith Colleges

Administrative/Salaried - Non-Exempt Time Sheet

Name: _____ Dept. _____

Date: _____ Position: _____

The following is a true statement of hours worked during the payroll period ending Friday,
 _____, 201____.

	Date	Hours Worked	Holiday	Vacation	Sick	Personal	Other	Total Reg. Hours	Total OT Hours	Office Use
	Saturday									
	Sunday									
	Monday									
	Tuesday									
	Wednesday									
	Thursday									
	Friday									
	1st Week Totals									
	Saturday									
	Sunday									
	Monday									
	Tuesday									
	Wednesday									
	Thursday									
	Friday									
	2nd Week Totals									
	Totals Both Weeks									

Certified to be correct: _____
Employee's Signature Date

Approved: _____
Supervisor's Signature Date