

## 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,  
 \_\_\_\_\_, 202\_\_\_\_.

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

Employee Signature/Date \_\_\_\_\_

Supervisor Signature/ \_\_\_\_\_  
 Date