

NEBRASKA WESLEYAN UNIVERSITY

SOCIAL SECURITY NUMBER _____ NAME _____

OFFICE/DEPARTMENT _____

PAY PERIOD ENDING: _____

1. Standard work week of 8 am to 12 pm & 1 pm to 5 pm Sunday through Saturday.
2. Fill in back of form if you work other than the standard work week.
3. Time sheet is signed by the supervisor or in the absence of the supervisor by the Vice President of the Division.
4. Time sheets are turned in to the Business Office Smith/Curtis Room 202 on the 16th & 1st of each month.
5. Hours are totaled across each row and down each column.

DATE	REGULAR HOURS	OVER TIME	HOLIDAY HOURS	VACATION HOURS	SICK HOURS	BEREAVEMENT HOURS	OTHER IDENTIFY	TOTAL
SUN _____	_____	_____	_____	_____	_____	_____	_____	_____
MON _____	_____	_____	_____	_____	_____	_____	_____	_____
TUE _____	_____	_____	_____	_____	_____	_____	_____	_____
WED _____	_____	_____	_____	_____	_____	_____	_____	_____
THU _____	_____	_____	_____	_____	_____	_____	_____	_____
FRI _____	_____	_____	_____	_____	_____	_____	_____	_____
SAT _____	_____	_____	_____	_____	_____	_____	_____	_____
SUN _____	_____	_____	_____	_____	_____	_____	_____	_____
MON _____	_____	_____	_____	_____	_____	_____	_____	_____
TUE _____	_____	_____	_____	_____	_____	_____	_____	_____
WED _____	_____	_____	_____	_____	_____	_____	_____	_____
THU _____	_____	_____	_____	_____	_____	_____	_____	_____
FRI _____	_____	_____	_____	_____	_____	_____	_____	_____
SAT _____	_____	_____	_____	_____	_____	_____	_____	_____
SUN _____	_____	_____	_____	_____	_____	_____	_____	_____
MON _____	_____	_____	_____	_____	_____	_____	_____	_____
TUE _____	_____	_____	_____	_____	_____	_____	_____	_____
WED _____	_____	_____	_____	_____	_____	_____	_____	_____
THU _____	_____	_____	_____	_____	_____	_____	_____	_____
FRI _____	_____	_____	_____	_____	_____	_____	_____	_____
SAT _____	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL	REGULAR _____	OT _____	HOLIDAY _____	VACATION _____	SICK _____	BEREAVEMENT _____	OTHER _____	TOTAL _____

EMPLOYEE SIGNATURE _____

DATE _____

SUPERVISOR SIGNATURE _____

DATE _____

NEBRASKA WESLEYAN UNIVERSITY

NAME: _____

	DATE	IN	OUT	IN	OUT	TOTAL	COMMENT
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							

I CERTIFY THAT THE HOURS REPORTED ARE ACCURATE FOR MY WORK DURING THE PERIODD INDICATED

SIGNED: _____ DATE: _____