

# TIME SHEET FOR NONEXEMPT BENEFIT ELIGIBLE EMPLOYEES

Please forward the completed form to Payroll in St. Mary's Room 413, +1663

Employee Name	
Employee ID #	
Pay Period	
Dept. Account #	

Earnings Type	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	Total Used	
Regular Pay																0	
Authorized Leave																0	
Bereavement																0	
Essential Personnel																0	
Holiday Pay																0	
Holiday Worked																0	
Jury Duty																0	
Sick Leave																0	
Vacation																0	
<b>Total Hours</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Earnings Type	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	31st	Total Used
Regular Pay																	0
Authorized Leave																	0
Bereavement																	0
Essential Personnel																	0
Holiday Pay																	0
Holiday Worked																	0
Jury Duty																	0
Sick Leave																	0
Vacation																	0
<b>Total Hours</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

\_\_\_\_\_  
Supervisor Signature - **MANDATORY** Date

\_\_\_\_\_  
Supervisor Print Name- **MANDATORY**

\_\_\_\_\_  
VP/Dean Signature - **MANDATORY** Date

\_\_\_\_\_  
VP/Dean Print Name - **MANDATORY**