

**Timesheet & Overtime Form**

- 1) This Form must be used for all salaried **state classified staff and non-exempt administrative professionals**.
- 2) Items A through E should be completed by the immediate supervisor of the employee.
- 3) If the employee is exempt from overtime, no additional information is required and this form should be filed in the department's administrative section. Do not report daily work hours for exempt employees. This form may be used for exempt employees however, to record the usage of various types of leaves to supplement the leave request form which is typically completed in advance of the date the leave is actually taken.
- 4) Employees eligible for overtime compensation record their actual daily hours worked, as well as any compensatory time or paid leaves used in the WORK/LEAVE/COMPENSATORY HOURS section of the form. Weekly totals are calculated and summarized in the proper column under the TOTALS section. The hours in excess of 40 in a work week, as recorded in the Total Hours column, are recorded in the O/T Hrs column. The supervisor must sign this form on a weekly basis verifying that the information recorded is complete and accurate.
- 5) A time clock or other computerized time recording system may be used in lieu of this form to record hours worked. This form may still be used to supplement these systems however, to record the use of paid leaves and compensatory time.

A) Name \_\_\_\_\_

B) Assignment ID# \_\_\_\_\_

C) Title \_\_\_\_\_

D) Department/Division \_\_\_\_\_

E) If Exempt from overtime, check here: \_\_\_\_\_

Work Week Ending	ACTUAL HOURS WORKED							TOTAL HOURS					Supervisor Signature	
	SAT	SUN	MON	TUES	WED	THUR	FRI	Work	Sick Leave	Annual Leave	Other Paid Hrs	Total		O/T Hrs
07/03/2015							H							
07/10/2015														
07/17/2015														
07/24/2015														
07/31/2015														
08/07/2015														
08/14/2015														
08/21/2015														
08/28/2015														
09/04/2015														
09/11/2015			H											
09/18/2015														
09/25/2015														
10/02/2015														
10/09/2015														
10/16/2015														
10/23/2015														
10/30/2015														

Use the following codes to record periods of authorized paid leave and compensatory time used:

- AL—Annual
- H—Holiday
- CT—Compensatory Time
- JL—Jury
- IL—Injury
- SL—Sick
- BL—Bereavement
- AD—Administrative
- ML—Paid Military

Work Week Ending	WORK/LEAVE/COMPENSATORY HOURS							TOTAL HOURS					Supervisor Signature	
	SAT	SUN	MON	TUES	WED	THUR	FRI	Work	Sick Leave	Annual Leave	Other Paid Hrs	Total		O/T Hrs
11/06/2015														
11/13/2015														
11/20/2015														
11/27/2015							H							
12/04/2015														
12/11/2015														
12/18/2015														
12/25/2015						H	H							
01/01/2016														
01/08/2016														
01/15/2016														
01/22/2016			H											
01/29/2016														
02/05/2016														
02/12/2016														
02/19/2016														
02/26/2016														
03/04/2016														
03/11/2016														
03/18/2016														
03/25/2016														
04/01/2016														
04/08/2016														
04/15/2016														
04/22/2016														
04/29/2016														
05/06/2016														
05/13/2016														
05/20/2016														
05/27/2016														
06/03/2016			H											
06/10/2016														
06/17/2016														
06/24/2016														
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