



PAYROLL TIMESHEET

Non-Exempt and Externally Funded Employees

Employee Name: _____

Banner ID: _____

Pay Period:
 ____ / ____ / ____ — ____ / ____ / ____

For Payroll Use Only:

Hours Worked: _____

Hourly Wage: \$ _____

Gross Amount Due: \$ _____

Date:	1 17	2 18	3 19	4 20	5 21	6 22	7 23	8 24	9 25	10 26	11 27	12 28	13 29	14 30	15 31	16	
Time In:																	
Time Out:																	Total Hours:
Annual Leave:																	
Sick Leave:																	
Personal Leave:																	
Leave Without Pay:																	
Comp Leave Used:																	
Daily Hours:																	

Earned Comp																	Total Hours:
Comp Balance																	

Comp Time (Overtime) Approval:
 Reason(s) for Overtime:

Immediate Supervisor Signature: _____ Date: _____

Employee: _____ Date: _____
 Signature Print

Supervisor: _____ Date: _____
 Signature Print