

Department of Sociology

Weekly Timesheet for Overtime Eligible Employees

(Please turn in to Jan Clarke by Wednesday of the following week)

Employee Name _____

Work Week: Monday-Friday

Day	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Total
Date								
Scheduled Work Hours								0
Hours Worked/Holiday Hours								0
Overtime Hours Worked								0
Annual Leave								0
Sick Leave								0
Other Leave Used (please specify below)*								0
Comp Time Used								0
Leave Without Pay								0
Total Hours	0	0	0	0	0	0	0	0

Type of Other Leave Used							
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*Other common leave types: Personal Holiday (PH), Bereavement Leave (B), Military Leave (ML), Shared Leave(ShL), Civil Leave (jury duty, C)

I certify that the information on this form is accurate and complete

Employee Signature

Date

Supervisor Signature

Date

For the overtime I worked this week I wish to:
 Receive payment for _____ hours; receive comp time for _____ hours.