

EAST TEXAS BAPTIST UNIVERSITY

TIME SHEET
(FOR SEMI-MONTLY EMPLOYEES)

Instructions:

1. Please provide full information in a detailed and accurate manner.
2. Record time worked and time off by using the following symbols: W-Hours Worked, H-Holiday, S-Sick Leave (Personal illness, illness of spouse, dependent child, or parent, death in family), V-Vacation, P-Personal Business, and J-Jury Duty.
3. The timesheet must be filled out accurately and submitted on time in order for the employee to receive a check on the scheduled date.
4. The Pay Periods are as follows: 1st to the 15th of the month and 16th to the end of the month.

NAME: _____ **JOB TITLE:** _____ **MONTH:** _____ **YEAR:** _____

1. Record below the actual time worked for the days estimated on your previous timesheet.

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	W	H	S	V	P	J	COMMENTS
Sunday														
Monday														
Tuesday														
Wednesday														
Thursday														
Friday														
Saturday														
TOTAL														

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	W	H	S	V	P	J	COMMENTS
Sunday														
Monday														
Tuesday														
Wednesday														
Thursday														
Friday														
Monday														
TOTAL														

2. Estimated amount from the previous timesheet: _____

3. Difference in actual and estimated hours _____

4. Record below the actual time worked during the current pay period.

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	W	H	S	V	P	J	COMMENTS
Sunday														
Monday														
Tuesday														
Wednesday														
Thursday														
Friday														
Saturday														
TOTAL														

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	W	H	S	V	P	J	COMMENTS
Sunday														
Monday														
Tuesday														
Wednesday														
Thursday														
Friday														
Saturday														
TOTAL														

5. Estimate the remainder of your hours for this pay period _____

6. Hours in this pay period (4+5) _____ Total hours to be paid (3+6): Regular Hours: _____ Overtime Hours: _____

I hereby certify the above to be a true and accurate Record of my time worked during this pay period.

SIGNATURE OF EMPLOYEE

SIGNATURE OF SUPERVISOR