Clear Time Sheet

Clear Dates Only

# SAU TECH TIME SHEET FOR CLASSIFIED (NON-EXEMPT) EMPLOYEES

**Name of Employee** _____ **Pay Period Covered** _____

| Date | Day of Week | Regular A.M. Start | Regular A.M. End | Regular P.M. Start | Regular P.M. End | Overtime Start | Overtime End | Reg. Hours | O.T. Hours | Hours of Leave Taken Ann. | Hours of Leave Taken Sick | Hours of Leave Taken Other | Total Hours | Remarks/ Reasons |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **MON** | | | | | | | | | | | | 0 | |
| | **TUE** | | | | | | | | | | | | 0 | |
| | **WED** | | | | | | | | | | | | 0 | |
| | **THU** | | | | | | | | | | | | 0 | |
| | **FRI** | | | | | | | | | | | | 0 | |
| | SAT | | | | | | | | | | | | 0 | |
| | SUN | | | | | | | | | | | | 0 | |
| **TOTALS** | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | |

| Date | Day of Week | Regular A.M. Start | Regular A.M. End | Regular P.M. Start | Regular P.M. End | Overtime Start | Overtime End | Reg. Hours | O.T. Hours | Hours of Leave Taken Ann. | Hours of Leave Taken Sick | Hours of Leave Taken Other | Total Hours | Remarks/ Reasons |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **MON** | | | | | | | | | | | | 0 | |
| | **TUE** | | | | | | | | | | | | 0 | |
| | **WED** | | | | | | | | | | | | 0 | |
| | **THU** | | | | | | | | | | | | 0 | |
| | **FRI** | | | | | | | | | | | | 0 | |
| | SAT | | | | | | | | | | | | 0 | |
| | SUN | | | | | | | | | | | | 0 | |
| **TOTALS** | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | |

| Date | Day of Week | Regular A.M. Start | Regular A.M. End | Regular P.M. Start | Regular P.M. End | Overtime Start | Overtime End | Reg. Hours | O.T. Hours | Hours of Leave Taken Ann. | Hours of Leave Taken Sick | Hours of Leave Taken Other | Total Hours | Remarks/ Reasons |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **MON** | | | | | | | | | | | | 0 | |
| | **TUE** | | | | | | | | | | | | 0 | |
| | **WED** | | | | | | | | | | | | 0 | |
| | **THU** | | | | | | | | | | | | 0 | |
| | **FRI** | | | | | | | | | | | | 0 | |
| | SAT | | | | | | | | | | | | 0 | |
| | SUN | | | | | | | | | | | | 0 | |
| **TOTALS** | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | |

## SAU TECH TIME SHEET FOR CLASSIFIED (NON-EXEMPT) EMPLOYEES

**Name of Employee** _____ **Pay Period Covered** _____

| | | Regular | | | | Overtime | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Day of | A.M. | | P.M. | | | | Reg. | O.T. | Hours of Leave Taken | | | Total Hours | Remarks/ |
| | Week | Start | End | Start | End | Start | End | Hours | Hours | Ann. | Sick | Other | | Reasons |
| | Mon | | | | | | | | | | | | 0 | |
| | Tue | | | | | | | | | | | | 0 | |
| | Wed | | | | | | | | | | | | 0 | |
| | Thu | | | | | | | | | | | | 0 | |
| | Fri | | | | | | | | | | | | 0 | |
| | SAT | | | | | | | | | | | | 0 | |
| | SUN | | | | | | | | | | | | 0 | |
| **TOTALS** | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | |

| | | Regular | | | | Overtime | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Day of | A.M. | | P.M. | | | | Reg. | O.T. | Hours of Leave Taken | | | Total Hours | Remarks/ |
| | Week | Start | End | Start | End | Start | End | Hours | Hours | Ann. | Sick | Other | | Reasons |
| | Mon | | | | | | | | | | | | 0 | |
| | Tue | | | | | | | | | | | | 0 | |
| | Wed | | | | | | | | | | | | 0 | |
| | Thu | | | | | | | | | | | | 0 | |
| | Fri | | | | | | | | | | | | 0 | |
| | SAT | | | | | | | | | | | | 0 | |
| | SUN | | | | | | | | | | | | 0 | |
| **TOTALS** | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | |

PLEASE RETURN TO THE PAYROLL OFFICE THE 3RD WORKING DAY AFTER THE END OF THE MONTH. THE SIGNATURES BELOW CERTIFY THAT THE HOURS RECORDED ARE CORRECT, AND THAT THERE IS ENOUGH LEAVE ACCRUED TO COVER THE REQUEST. *NOTE: ANY LEAVE WITHOUT PAY/MILITARY LEAVE MUST BE APPROVED BY THE CHANCELLOR.*

SIGNATURE OF EMPLOYEE _____ DATE

APPROVED BY: SUPERVISOR _____ DATE

DEPARTMENT _____

SIGNATURE OF CHANCELLOR _____ DATE

*Pay Period for overtime purposes ends with the last Sunday in the month.

Revised: Nov 14