

# NON-EXEMPT HOURS WORKED RECORD

The Non-exempt Time Sheet is to be completed and signed by the employee and approved by the supervisor.

Employee _____	Department _____
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Week Beginning _____									
		SAT	SUN	MON	TUE	WED	THURS	FRI	TOTAL
Number of Hours Worked									
Actual Times Worked	In								
	Out								
	In								
	Out								
Absence Code									
Paid Absence Time									
1 WEEK TOTAL									

<b>ABSENCE CODES</b>					
<b>S</b> Sick	<b>H</b> Holiday	<b>L</b> Leave	<b>U</b> Unpaid Absence		
<b>P</b> Personal	<b>D</b> Death in Family	<b>M</b> FMLA (Medical)	<b>K</b> Military Leave		
<b>V</b> Vacation	<b>J</b> Jury Duty	<b>F</b> FMLA (Family)	<b>N</b> No Work		

Comments

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_