

PERIOD ENDING

NAME

DEPARTMENT

ACCOUNT#

Status

**WEEK 1:**

Day	Date	IN	OUT	IN	OUT	IN	OUT	Total For Day
M								
Tu								
W								
Th								
F								
S								
S								

**TOTAL HOURS FOR PAY WEEK 1:**

Regular Hours	Overtime Hours	Vacation Hours	Personal Hours	Sick Hours	Total Hours

**WEEK 2:**

Day	Date	IN	OUT	IN	OUT	IN	OUT	Total For Day
M								
Tu								
W								
Th								
F								
S								
S								

**TOTAL HOURS FOR PAY WEEK 2:**

Regular Hours	Overtime Hours	Vacation Hours	Personal Hours	Sick Hours	Total Hours

**TOTAL PAY PERIOD:**

Regular Hours	Overtime Hours	Vacation Hours	Personal Hours	Sick Hours	Total Hours

**Timesheets must be received in the Payroll Office by noon on Monday, the week of payday.**

I hereby certify that the above is a true and correct account of the labor hours worked in the service of Capital University.

Signature of Employee: \_\_\_\_\_

Authorization of Dept. Head: \_\_\_\_\_

Employees claiming vacation or sick hours in this pay period must submit a claim form so that these hours will be reflected in the calculation of total hours for this pay period. Pay weeks are from Monday through Sunday. **In the event the University is closed on a Monday, Timesheets should be turned in on the last day worked prior to the Holiday.**