



# Classified Employee (non-exempt) Weekly Timesheet

### INSTRUCTIONS

\*Instructions are located at MCLA Campus Connection, Human Resources, Forms

OTP = Overtime Premium Hours/Paid  
COM = Comp Time Earned/Unpaid

Name: \_\_\_\_\_

Empl ID #: \_\_\_\_\_

Department: \_\_\_\_\_

Schedule: \_\_\_\_\_

Dates from Sunday \_\_\_\_\_ to Saturday \_\_\_\_\_

**TIME WORKED - list time in AM or PM format**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Time In							
Time Out							
Time Worked							
OTP							
COM*							
Other _____							
Other _____							

Shift Differential

<b>SAM</b>							
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Leave Time

<b>VAC</b>							
<b>PER</b>							
<b>SIC</b>							
<b>CMT</b>							
Other _____							
Other _____							
<b>Total Hours</b>							

**Total Hours to be Paid for the Week** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I hereby certify this timesheet is a true and accurate record of my time worked.

To be completed by employee's supervisor:

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I hereby certify this timesheet is a true and accurate record of my time worked.

\*Compensatory Time off, computed at time and one-half, in lieu of overtime compensation may be authorized by the CEO upon request of the employee. (BHE/AFSCME Agreement Article 10 Section 2 B.) The CEO, or MCLA Campus President, has designated the Department Directors to authorize Comp. time in lieu of overtime compensation.