

REPORT OF HOURS WORKED FULL-TIME NON-EXEMPT EMPLOYEE

NAME _____ APPROVED BY _____

POSITION _____ DEPARTMENT(S) _____ WEEK OF _____ TO _____
Month/Day/Yr. (Sat.) Month/Day/Yr. (Fri.)

| | Sat. | Sun. | Mon. | Tues. | Wed. | Thur. | Fri. | Total for Week |
|---------------------------|------|------|------|-------|------|-------|------|----------------|
| Regular Work for Dept. | | | | | | | | |
| Vacation | | | | | | | | |
| Holiday | | | | | | | | |
| Sick | | | | | | | | |
| Other (Please indicate) | | | | | | | | |
| Total Hours for Week | | | | | | | | |
| Minus class time | | | | | | | | |
| Total working Hours | | | | | | | | |

Time allocations to be designated as: regular work for Dept. assigned, holiday, vacation, sickness, doctor's appt., class time make up, other Dept's work (indicate Department)