

REPORT OF HOURS WORKED PART-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)