**Normal Work Week = \_\_\_\_\_\_ hours per week**

**Lehigh University Nonexempt Time Sheet**

|  |  |
| --- | --- |
| **Employee Name:** | **Supervisor’s Name:** |
| **Department:** |  |
| **Pay Period: August 1-15, 2018** | **Hours worked towards OT from previous pay period:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day of the Week** | **We** | **Th** | **Fr** | **Sa** | **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** | **Su** | **Mo** | **Tu** | **We** | **Please transfer to next time sheet.** |
| **Date** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hours Worked (100) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \*Floating Holiday (500) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \*Vacation (510) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \*Sick Leave/ Excused Absence (520) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \*Bereavement (550) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \*Jury Duty (560) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \*Absence – No Pay (581 or 582) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \*Comp Time/Flex Time Taken |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Authorized Time Off (Holiday, Snow Days) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Total Hours: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Weekly Total Hours: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Overtime @ 1.0 (401) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Overtime @ 1.5 (400) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comp Time/Flex Time Earned @ 1.0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comp Time/Flex Time Earned @ 1.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Note: Round time to two decimal places.** *\*Most time categories are granted at the discretion of the supervisor.*

|  |  |
| --- | --- |
| **To be completed by Employee** | **To be completed by Supervisor** |
| ***I hereby certify all time reported above is accurate and correct.*** | ***By the signature below, I certify this time sheet is a true statement of the time worked by this staff member and the hours listed represent pay period indicated.*** |
| Employee Signature: | Supervisor Signature: |
| Print Supervisor Name: |
| Date: | Date: |