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

**Lehigh University Nonexempt Time Sheet**

**Please transfer to next time sheet.**

|  |  |
| --- | --- |
| **Employee Name:**  | **Supervisor’s Name:**  |
| **Department:**  |  |
| **Pay Period: September 16 – 30, 2019** | **Hours worked towards OT from previous pay period:**  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day of the Week** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** | **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** | **Su** | **Mo** |
| **Date**  | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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:  |