Time Sheet and Payroll Adjustment Record

*Time sheets must be submitted to Payroll at the end of each pay period.*

**Failure to submit this timesheet monthly may result in a delay in receiving pay.**

|  |  |  |  |  |  |  |
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|       |   |       |       |       | thru |       |
| **Employee ID*REQUIRED*** | **Last Name** | **First Name** | **Location No.** | Payroll Period |

*Record hours to the nearest Quarter Hour (.25)*

 15 min = .25 45 min = .75

 30 min = .50 60 min = 1.00

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Activity Performed | RegularHours | OvertimeHours | Date | Duties Performed | RegularHours | OvertimeHours |
|       |       |       |       |       |       |       |       |
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|  |  |  |  |  ***Total Hours - - - - - - - -*** |       |       |

**PAYROLL ADJUSTMENTS (Shift Difference, Rate Difference):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Description of Adjustments | Hours | Rate | Total Addition | Total Deduction |
|       |       |       |       |       | ( |       | ) |
|       |       |       |       |       | ( |       | ) |
|       |       |       |       |       | ( |       | ) |

|  |  |  |  |
| --- | --- | --- | --- |
| I certify that the above is an accurate record of time worked and adjustments during the period indicated. |  | Authorization: | I hereby approve the hours and payroll adjustments indicated above for payment. |
|  |  |  |  |
| Employee Signature | *Date* |  | *Supervisor Signature/ Budget Authority* | *Date* |
| RECAPITULATION |
|  |  |  |  | Regular |  | Overtime |  |  |
| Hours |  | Account Code |  | @ $ |  | @ $ |  | ( ) |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
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|       |  |       |  |       |  |       |  |       |
|  **Gross monthly salary- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**  |  | **$**  |