

Roseman University of Health Sciences
Time Keeping Record

Name: _____

Unit: _____

Pay period from _____ to _____

Employee Signature _____ Date _____

Supervisor Signature (or designee) _____ Date _____

*Requires supervisor prior written authorization to payroll.

TIME ACCOUNTING IN HOURS AND MINUTES BUT TOTAL IN HOURS AND FRACTION OF AN HOUR

Week 1

	In	Out	In	Out	Hours Worked
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
<i>Week 1 Total</i>					

Hours

Vacation	Sick	Regular	*Overtime	Other Paid	Total

Week 2

	In	Out	In	Out	Hours Worked
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
<i>Week 2 Total</i>					

Hours

Vacation	Sick	Regular	*Overtime	Other Paid	Total

BIWEEKLY TOTAL _____

DUE IN PAYROLL NO LATER THAN MONDAY 10:30 A.M. (AFTER THE PAY PERIOD). IF TIME KEEPING RECORD IS NOT SUBMITTED TO PAYROLL BY THE DUE DATE IT WILL BE ASSUMED THAT THE EMPLOYEE DID NOT WORK DURING THAT PAY PERIOD.