

FLSA NON-EXEMPT
PROFESSIONAL EMPLOYEE TIME SHEET

Employee's Name: _____

Payroll Period: _____
Month/Day/Year to Month/Day/Year

DAY	TOTAL HRS	DAY	TOTAL HRS
THURSDAY		THURSDAY	
FRIDAY		FRIDAY	
SATURDAY		SATURDAY	
SUNDAY		SUNDAY	
MONDAY		MONDAY	
TUESDAY		TUESDAY	
WEDNESDAY		WEDNESDAY	
NOTE: Time off, even if paid, is not considered time worked in computing overtime. Thus holiday, vacation, sick leave and break periods should not be considered in recording total hours worked each day.		HOURS WORKED EACH WEEK	
		LESS REGULAR HOURS	
		EQUALS O.T. HOURS	
		TIMES 1.5	
		EQUALS O.T. COMP. TIME	
		O.T. COMP. TIME FROM PREVIOUS SHEET	
		O.T. COMP. TIME FROM THIS SHEET	
		O.T. COMP. TIME USED THIS PERIOD	
		BALANCE CARRIED FORWARD (MAX 240 HRS)	

I certify that the hours shown above, including the time charged to Comp. Time credits are correct and approved.

EMPLOYEE SIGNATURE

SUPERVISOR APPROVAL

I certify that I have worked my regularly assigned schedule, and have not worked in excess of 40 hours per week during this payroll period.

EMPLOYEE SIGNATURE

SUPERVISOR APPROVAL