FLSA NON-EXEMPT PROFESSIONAL EMPLOYEE TIME SHEET

Employee's Name:

Payroll Period:			
	Month/D	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)		
			<u> </u>
I certify that the hours sho	own ahove inc	cluding the time charged to Comp.	Time credits
are correct and approved		cidding the time charged to comp.	Time creates
EMPLOYEE SIGNATURE		SUPERVISOR APPROVAL	
Loortify that I have worke	d my rogularly	assigned schedule, and have not v	worked in
excess of 40 hours per we			VOI KEU III
EMPLOYEE SIGNATURE		SUPERVISOR APPROVAL	