

Please type all information and department head retain in your files supporting the data for future audit, Department of Labor inspections or other requirement . Departments are urged to keep duplicate copies.

Washburn University
Topeka, Kansas

Non-Exempt Payroll Time Report

(This form is not to be used for the Federal Work-Study or for student employee)

Name of Employee
(as it appears on Social Security Card)

Washburn ID Number (WIN)

We certify that the following is an accurate statement of time worked each day to the closest **ONE-TENTH HOUR**, that hours of work have been maintained daily; that the hours below have not previously been submitted and have not been paid for, that the cumulative earnings do not exceed the employment contract. The work week for the University commences 12:01 a.m., Sunday and ends midnight the following Saturday.

FOR THE TWO-WEEK PERIOD OF

First Week of Period			
Day	Date	Hours Worked	See (1)
Sun.			
Mon.			
Tue.			
Wed.			
Thurs.			
Fri.			
Sat.			
Total Hours			
Regular Hours ⁽¹⁾			
Overtime Hours ⁽²⁾			

THROUGH

Second Week of Period			
Day	Date	Hours Worked	See (1)
Sun.			
Mon.			
Tue.			
Wed.			
Thurs.			
Fri.			
Sat.			
Total Hours			
Regular Hours ⁽¹⁾			
Overtime Hours ⁽²⁾			

Routing:

- Employee's signature
- Head of department signature
- WU payroll office
(PLEASE DO NOT FOLD)

(1) Place "H" to the right of hours if paid holiday; "HL" if paid in lieu of holiday because employee was required to work on a holiday officially recognized by the University; "P" if paid for earned personal leave; "I" if paid for illness; "C" if paid for court leave. (2) For hours of employment in excess of 40 hours in any work week effective February 1, 1969

Number of personal leave hours Number of sick leave hours Number of leave without pay hours

Total number of hours at regular rate ⁽¹⁾ X rate/hours =

Total number of hours at overtime rate ⁽²⁾ X rate/hours ⁽³⁾ =

⁽³⁾ Regular rate x 1-1/2

TOTAL AMOUNT OF EARNINGS

Signature of supervisor or department head
Date

Employee's signature
Date

EMPLOYING DEPARTMENT: As head of the employing department agency, I certify that the above hours are correct, individually and in total, that the rate per hour is in conformity with the contract and I hereby Approve the payment of the amount shown as Total Amount of Earnings.

Regular Hours: Charge to Fund Organization Account 603000 Program Activity

Overtime Hours: Charge to Fund Organization Account 603100 Program Activity

Signature of person responsible for account _____ Name of agency or department

This time sheet may be used for a **TWO-WEEK PERIOD** only. **TIME SHEETS ARE DUE AT THE BUSINESS OFFICE BY NOON THE FIRST BUSINESS DAY AFTER THE END OF THE PERIOD.** Payroll will normally be issued on the 6th day following the end of the period. **LATE TIME REPORTS WILL BE HELD UNTIL THE NEXT PAY PERIOD TWO WEEKS LATER.**