

Earn Code:

Position No.

Time Sheet Dept. (Org. No.):

Please check appropriate box

Temporary/Casual

Attending Student

Non-Attending Student

UNIVERSITY OF THE PACIFIC

NON-EXEMPT HOURLY/AUTHORIZATION TO PAY

Period Beginning:

Period Ending:

Identification Number:

(Print) Last Name First Dept.: Date of Hire:

Date	Day	In	Out	In	Out	In	Out	Regular Hours	O.T. Hours	Dbl. T. Hours
1/16										
2/17										
3/18										
4/19										
5/20										
6/21										
7/22										
8/23										
9/24										
10/25										
11/26										
12/27										
13/28										
14/29										
15/30										
31										
TOTALS										

Employee's Signature: _____ Date: _____ Phone(Ext.): _____
I hereby certify that the hours shown above are accurate and complete. Further, I certify that I took all meal and rest breaks to which I am entitled in accordance with the law.

Approved by
Print Name: _____

Sign Name: _____ Date: _____ Phone (Ext.) _____

Time sheets are due in the Payroll Department on the 15th and the end of each month.

Comments: _____

