

**GREENSBORO COLLEGE
BIWEEKLY TIMESHEET**

EMPLOYEE NAME: _____

PAY PERIOD ENDING: SATURDAY, _____

DEPARTMENT: _____

EMPLOYEE AND SUPERVISOR ARE JOINTLY RESPONSIBLE FOR AN ACCURATE REPORTING OF HOURS WORKED AND LEAVE TAKEN.
****NON EXEMPT EMPLOYEES**** OVERTIME HOURS INCLUDE ALL WORK HOURS IN EXCESS OF FORTY HOURS IN ONE WEEK.
 PLEASE SUBMIT SIGNED TIMESHEET TO THE OFFICE OF HUMAN RESOURCES BY NOON ON THE MONDAY FOLLOWING EACH PAY PERIOD.

(WE CERTIFY THE FOLLOWING INFORMATION TO BE CORRECT.)

EMPLOYEE'S SIGNATURE _____

SUPERVISOR'S SIGNATURE _____

	TIME IN	TIME OUT	LESS	TOTAL	OVERTIME	STANDARD	PAID ABSENCES		
			MEAL	WORK	HOURS		INCLEMENT	VACATION	SICK
			BREAK	HOURS	INCLUDED	HOLIDAY	WEATHER		
					IN TOTAL				
SUNDAY									
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
TOTAL FOR WEEK 1									

SUNDAY									
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
TOTAL FOR WEEK 2									
PAY PERIOD TOTALS									

**HUMAN RESOURC
ONLY**

REGULAR _____

OVERTIME _____

VACATION _____

SICK _____

