

GREENSBORO COLLEGE--MONTHLY STAFF TIMESHEET

EMPLOYEE NAME: _____

DEPARTMENT: _____ FOR THE MONTH OF: _____

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 THE 15TH OF EACH MONTH.

(WE CERTIFY THE FOLLOWING INFORMATION TO BE CORRECT.)

EMPLOYEE'S SIGNATURE _____ date _____

SUPERVISOR'S SIGNATURE _____ date _____

DATE	TIME IN	TIME OUT	LESS	TOTAL	SUB-TOTAL	OVERTIME	STANDARD	PAID ABSENCES			
			MEAL BREAK	WORK HOURS	WEEKLY HOURS EACH SATURDAY	HOURS INCLUDED IN TOTAL		HOLIDAY	INCLEMENT WEATHER	VACATION	SICK
1							1				
2							2				
3							3				
4							4				
5							5				
6							6				
7							7				
8							8				
9							9				
10							10				
11							11				
12							12				
13							13				
14							14				
15							15				
16							16				
17							17				
18							18				
19							19				
20							20				
21							21				
22							22				
23							23				
24							24				
25							25				
26							26				
27							27				
28							28				
29							29				
30							30				
31							31				

TOTALS

--

--

--	--	--	--

