# Classified Employee (non-exempt)

## Weekly Timesheet

**INSTRUCTIONS**

*Instructions are located at MCLA Campus Connection, Human Resources, Forms

OTP = Overtime Premium Hours/Paid

COM = Comp Time Earned/Unpaid

**Name:** _____

**Empl ID #:** _____

**Department:** _____

**Schedule:** _____

**Dates from Sunday** _____ **to Saturday** _____

**TIME WORKED - list time in AM or PM format**

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Time Worked | | | | | | | |
| **OTP** | | | | | | | |
| **COM*** | | | | | | | |
| **Other _____** | | | | | | | |
| **Other _____** | | | | | | | |
| Shift Differential | | | | | | | |
| **SD190** | | | | | | | |
| Leave Time | | | | | | | |
| **VAC** | | | | | | | |
| **PER** | | | | | | | |
| **SIC** | | | | | | | |
| **CMT** | | | | | | | |
| **Other _____** | | | | | | | |
| **Other _____** | | | | | | | |
| Total Hours | | | | | | | |
| | | | | | | **Total Hours to be Paid for the Week** | |

**Employee Signature:** _____ **Date:** _____

I hereby certify this timesheet is a true and accurate record of my time worked.

To be completed by employee's supervisor:

**Authorized Signature:** _____ **Date:** _____

I hereby certify this timesheet is a true and accurate record of my time worked.

*Compensatory Time off, computed at time and one-half, in lieu of overtime compensation may be authorized by the CEO upon request of the employee. (BHE/AFSCME Agreement Article 10 Section 2 B.) The CEO, or MCLA Campus President, has designated the Department Directors to authorize Comp. time in lieu of overtime compensation.