## TVCC TIMESHEET
### Non-exempt Employees

EMPLOYEE: _____   EMPLOYEE ID# _____

CAMPUS: _____   ACCOUNT #: _____

PAY PERIOD BEGINNING: _____   PAY PERIOD ENDING: _____

*Please indicate vacation, sick leave, holiday or absence without pay when used (V,S,H,A); Use Decimals to Record Time*

| Week Beginning: | Mon | Tue | Wed | Thur | Fri | Sat | Sun | TOTAL |
|---|---|---|---|---|---|---|---|---|
| Date: | | | | | | | | 0.00 |
| Date: | | | | | | | | 0.00 |
| Date: | | | | | | | | 0.00 |
| Date: | | | | | | | | 0.00 |
| Date: | | | | | | | | 0.00 |
| Date: | | | | | | | | 0.00 |

*I certify that this is an accurate record of my actual hours worked for this pay period.*
Employee's Signature: _____   Date: _____

*I certify that the record of time worked by this employee is accurate.*
Supervisor's/Director's Signature: _____   Date: _____

| | |
|---|---|
| Total Hours: | 0.00 |
| Comp Hours: | _____ |
| Overtime Hours: | _____ |
| *(Payroll Office use only)* | |

**Completed time sheets are _due_ in the Payroll Office at the first of each month.**