

APPALACHIAN COLLEGE OF PHARMACY

Employee Timesheet

Employee: _____ Supervisor: _____

Pay Period Ending: _____

Instructions:

1. Insert the exact time.
2. This form must be submitted to your supervisor weekly.
3. Supervisors must PRE-APPROVE overtime for the day the hours are to be worked – overtime is hours worked in excess of forty (40) hours per week.
4. Please indicate leave code if applicable on each weekly record.
 V = Vacation B = Bereavement LWOP = Leave Without Pay
 S = Sick P = Professional CL = Civil Leave/Jury Duty
 ML = Military O = Other

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours (Day)	Overtime Approval Supervisor Initials
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Total Hours (Week)							

The University workweek is defined as beginning on 12:01 a.m. on Sunday and ending on 12:00 a.m. on Saturday.

I certify that I have worked the number of hours listed on this timesheet. I certify that I have obtained pre-approval from my supervisor for any overtime indicated on this timesheet.

Employee Signature

Date

Supervisor Signature

Date