

**MANHATTANVILLE COLLEGE  
TIME SHEET  
HOURLY PAYROLL**

Name: \_\_\_\_\_ Dept #: \_\_\_\_\_  
ID #: \_\_\_\_\_ Dept \_\_\_\_\_

Week of \_\_\_\_\_ to \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
DATES	/	/	/	/	/	/	/	
TIME IN								
MEAL OUT								
MEAL IN								
TIME OUT								
REG HRS (first 40 worked)								
OTP HRS (over 40 worked)								
OTHER (V,S,P,H,JD)								

Week of \_\_\_\_\_ to \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
DATES	/	/	/	/	/	/	/	
TIME IN								
MEAL OUT								
MEAL IN								
TIME OUT								
REG HRS (first 40 worked)								
OTP HRS (over 40 worked)								
OTHER (V,S,P,H,JD)								

**BIWEEKLY TOTALS:**

Regular \_\_\_\_\_ (up to 40 hours worked per week)  
 OTP \_\_\_\_\_ (AFTER 40 hours worked per week)  
 Vacation \_\_\_\_\_  
 Sick \_\_\_\_\_  
 Personal \_\_\_\_\_  
 Holiday \_\_\_\_\_  
 Jury Duty \_\_\_\_\_  
 TOTAL \_\_\_\_\_

By signing this form I am attesting to the accuracy of the above information. Falsification will result in disciplinary action, up to and including termination.

Employee \_\_\_\_\_  
(date)

Approved \_\_\_\_\_  
(date)

**SUBMIT COMPLETED FORM TO THE PAYROLL DEPARTMENT**