

Human Resources
Timesheet and Overtime Form
 Salaried Employees

555 South Howes Street, Second Floor
 Campus Delivery 6004
 (970) 491-MyHR (6947)

- 1) This Form must be used for all salaried state classified personnel.
- 2) Items A through E should be completed by the immediate supervisor of the employee.
- 3) If the employee is exempt from overtime, no additional information is required and this form should be filed in the department's administrative section. Do not report daily work hours for exempt employees. This form may be used for exempt employees however, to record the usage of various types of leaves to supplement the leave request form which is typically completed in advance of the date the leave is actually taken.
- 4) Employees eligible for overtime compensation record their actual daily hours worked, as well as any compensatory time or paid leaves used in the WORK/LEAVE/COMPENSATORY HOURS section of the form. Weekly totals are calculated and summarized in the proper column under the TOTALS section. The hours in excess of 40 in a work week, as recorded in the Total Hours column, are recorded in the O/T Hrs column. The supervisor must sign this form on a weekly basis verifying that the information recorded is complete and accurate.
- 5) A time clock or other computerized time recording system may be used in lieu of this form to record hours worked. This form may still be used to supplement these systems however, to record the use of paid leaves and compensatory time.

A) Name _____

D) Dept. or Div. _____

B) Assignment ID # _____

E) If exempt from overtime, check here:

C) Title _____

Use the following codes to record periods of authorized paid leave and compensatory time used:

Work Week Ending	WORK/LEAVE/COMPENSATORY HOURS							TOTALS					Supervisor Signature	
	SAT	SUN	MON	TUES	WED	THUR	FRI	Work Hrs	Sick Leave Hrs	Annual Leave Hrs	Other Paid Hrs	Total Hours		O/T Hrs
07/06/12					H									
07/13/12														
07/20/12														
07/27/12														
08/03/12														
08/10/12														
08/17/12														
08/24/12														
08/31/12														
09/07/12			H											
09/14/12														
09/21/12														
09/28/12														
10/05/12														
10/12/12														
10/19/12														
10/26/12														
11/02/12														
11/09/12														
11/16/12														
11/23/12							H	H						
11/30/12														
12/07/12														

AL—Annual
 SL—Sick

H—Holiday
 BL—Bereavement

CT—Compensatory Time
 AD—Administrative

JL—Jury
 ML—Paid Military Leave

IL—Injury

Work Week Ending	WORK/LEAVE/COMPENSATORY HOURS							TOTALS					Supervisor Signature	
	SAT	SUN	MON	TUES	WED	THUR	FRI	Work Hrs	Sick Leave Hrs	Annual Leave Hrs	Other Paid Hrs	Total Hours		O/T Hrs
12/14/12														
12/21/12														
12/28/12			H	H	H									
01/04/13				H										
01/11/13														
01/18/13														
01/25/13			H											
02/01/13														
02/08/13														
02/15/13														
02/22/13														
03/01/13														
03/08/13														
03/15/13														
03/22/13														
03/29/13														
04/05/13														
04/12/13														
04/19/13														
04/26/13														
05/03/13														
05/10/13														
05/17/13														
05/24/13														
05/31/13			H											
06/07/13														
06/14/13														
06/21/13														
06/28/13														

AL—Annual
SL—Sick

H—Holiday
BL—Bereavement

CT—Compensatory Time
AD—Administrative

JL—Jury
ML—Paid Military Leave

IL—Injury