



Human Resources & Payroll
 4400 University Drive, MS 3C3, Fairfax, Virginia 22030
 Phone: 703-993-2600; Fax: 703-993-2601

CLASSIFIED NON-EXEMPT Amended Time Sheet Form
 GMU Human Resources & Payroll

Name:

GMU ID#:

Position Title:

Position #: Suffix:

Department:

Organization #:

Time Sheet Period:

Date:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Total Hours
	Regular Earnings																
Annual Leave																	
Traditional Sick Leave																	
Traditional Sick Family lv.																	
VSDP Sick Leave																	
VSDP Family & Personal																	
Overtime Leave Taken																	
Comp. Time Taken																	
Holiday																	
School Asst/Volunteer (CSL)																	
Recognition Leave																	
University Leave																	
Civil/Work Related (ADL)																	
Short Term Disability																	
Worker's Compensation																	
Unpaid Leave (LWOP)																	
Other: <input style="width: 80px; height: 15px;" type="text"/>																	
TOTAL:																	

Reason for Paper Submission:

I certify that the timesheet I am submitting correctly and accurately reflects my hours worked and/or leave taken during this time period. I understand that a failure to submit my hours worked and/or leave taken in accordance with the established procedures for my position may result in non-payment, incorrect payment, and/or disciplinary action.

Employee Signature: Printed Name: Ext. Date:

Signature of Approver: Printed Name: Ext. Date:

Please note that timesheets will not be processed without an approver's signature