

**UUP OVERTIME-ELIGIBLE (Non-Exempt)  
Employee Time Sheet**

Employee Name: \_\_\_\_\_  
 Dates of this payroll period: From \_\_\_\_\_ Through \_\_\_\_\_

**Checking this box certifies that you worked your regularly assigned schedule, AND have not worked in excess of 40 hours per week during the pay period.**  
 (Proceed to signature line at the bottom).

**Complete the following daily breakdown of time ONLY if you are claiming overtime for this pay period.**

Date	Day	IN	OUT	IN	OUT	IN	OUT	Hours Worked
	Thursday							
	Friday							
	Saturday							
	Sunday							
	Monday							
	Tuesday							
	Wednesday							

Total number of hours worked over 40: \_\_\_\_\_ X 1.5 = \_\_\_\_\_ Total OT claimed

Date	Day	IN	OUT	IN	OUT	IN	OUT	Hours Worked
	Thursday							
	Friday							
	Saturday							
	Sunday							
	Monday							
	Tuesday							
	Wednesday							

Total number of hours worked over 40: \_\_\_\_\_ X 1.5 = \_\_\_\_\_ Total OT claimed

*I certify that the information above is correct and an accurate reflection of my work during this pay period. I also understand that any overtime listed above will be converted to comp time at the rate of one and a half hours for every hour worked over 40 during any one week. I may choose to receive overtime pay in lieu of comp time by informing my supervisor and payroll by separate memo.*

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Supervisor Signature/Date