NON-EXEMPT EMPLOYEE TIME SHEET

Payroll Period End Date:

Employee Legal Name (type or print)	Supervisor's Name	Ext.		Minutes	Tenths
Last *First*		Record only hours worked during the payroll period listed above. Report fractions of hours as tenths.		1-6	.1
				7-12	.2
				13-18	.3
☐ **Salaried Employees please check box** Total Hours Hourly Rate Gross Department:				19-24	.4
				25-30	.5
				31-36	.6
Total Regular Hours Position #:				37-42	.7
				43-48	.8
				49-54	.9
Total Overtime Hours CSUB ID#:				54-60	1.0

☐ Period ending 15th day of month	☐ Period ending last day of month	IN	OUT	IN	OUT	Regular Hours	Overtime Hours	Leave Taken # Hours	Leave Taken Code
1	*16*								
2	*17*								
3	*18*								
4	*19*								
5	*20*								
6	*21*								
7	*22*								
8	*23*								
9	*24*								
10	*25*								
11	*26*								
12	*27*								
13	*28*								
14	*29*								
15	*30*								
	31								
Total Hours:									

INSTRUCTIONS

1. Hourly Employees record hours worked, hourly amount and enter gross. Report any absences in Leave Taken column using letter codes below.
2. Salaried employee record hours worked and report absences in Leave Taken column, using letter codes below.
3. **Overtime** - All time worked over eight (8) hours in a day is considered overtiem for non-exempt employees.
4. **Breaks** - A paid rest period of ten (10) minutes must be taken in each four (4) hour shift an employee works. These breaks are not reflected on the Time Sheet.
5. **Meal Period** - A meal period of at least thirty (30) minutes must be taken after five (5) consecutive hours worked. **This unpaid meal period** must **be reflected on the Time Sheet**. If the employee is scheduled to work six (6) hours, the meal period can be waived by mutual consent.
6. Employee and Supervisor must sign time sheet and turn into Foundation office by date and time on Foundation Payroll Schedule.

S = Sick Leave	PH = Personal Holiday	B = Bereavement	J = Jury Duty
V = Vacation Leave	H = Holiday	L = Leave without Pay	

Employee Certification

I hereby certify under penalty of perjury that I have worked all the hours and/or effort reported on this timesheet and those hours have been worked in accordance with my most current employment authorization form on file with Human Resources. Any overtime worked was approved by my supervisor prior to being worked. I have also received all meals and rest breaks to which I was legally entitled.

Foundation Use Only

Employee Signature   *Date:*

Supervisor Certification

I certify that I have personal knowledge of the correctness of the hours reported herein.

Supervisor Signature   *Date:*