



## Student Employee Timesheet

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Day	Date	Time In	Time Out	Lunch	Time In	Time Out	Hours Worked	
Week 1								
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
Sun								
Week 1 Total							Regular	Overtime

Student Name: \_\_\_\_\_

WKU ID: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

**Instructions:** The Fair Labor Standards Act and the Commonwealth of Kentucky labor laws require that a record of hours worked on a weekly basis be maintained for all non-exempt employees. Student employees who are paid biweekly are in this category. While student employees are paid every other Friday, time worked must be documented on a weekly basis. The University workweek begins at 12:01 a.m. on Monday and ends at 12:00 midnight on Sunday. **Documented time on this record should be transferred to the Time Entry electronic form and submitted electronically. If the timesheet due date has passed, a copy of this timesheet should be emailed to the Payroll Office at [pavroll@wku.edu](mailto:pavroll@wku.edu) for prompt payment.**

1. **Daily hours** – Daily Hours of work should be recorded to the nearest quarter hour (.25, .50, or .75).
2. **Total Regular Hours** – The total hours to be paid at the regular rate.
3. **Total Overtime Hours** – Overtime work is defined as those hours **actually worked** beyond 40 during an official workweek. Hours worked during two or more weeks may not be combined or averaged to determine any overtime due.
4. **Compensatory Time** – Compensatory time is not allowed by either state law or University policy. All hours worked must be paid at either the regular or overtime rate as applicable.
5. **Overtime Rate** – Any overtime is paid at the rate of one and one-half times the regular pay rate (calculated on an hourly basis).

Day	Date	Time In	Time Out	Lunch	Time In	Time Out	Hours Worked	
Week 2								
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
Sun								
Week 2 Total							Regular	Overtime

I certify that this record is accurate and accounts for my time during the indicated period.

Student Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the hours recorded and coded on this form are correct to the best of my knowledge and are in accordance with University policy.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Department/Unit Heads are responsible for maintaining this record in **departmental files** on each covered student employee for a period of **three (3) years**. These records may be checked for compliance at anytime by the Department of Human Resources or by the Internal Auditor.*

Please refer to the current year Payroll Calendar on the Payroll Department's website for timesheet due dates and pay dates. **Timesheets not submitted and approved by deadline may result in delay of pay.**