| 垤 WKU Bi-Weekly Timesheet | Beginning Date: <br> Ending Date:, |
| :--- | :--- | :--- |


| Day | Date | Time In | Time Out | 告 | Time In | Time Out | Hours Worked |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Week 1 |  |  |  |  |  |  |  |  |
| Mon |  |  |  |  |  |  |  |  |
| Tues |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |
| Thurs |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |
| Sun |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Week 1 <br> Total | Regular | Overtime |


| Day | Date | Time In | Time Out | ¢ | Time In | Time Out | Hours Worked |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Week 2 |  |  |  |  |  |  |  |  |
| Mon |  |  |  |  |  |  |  |  |
| Tues |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |
| Thurs |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |
| Sun |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Week 2 <br> Total | Regular | Overtime |

Employee 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. 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 a recap timesheet and turned in bi-weekly to the Payroll Office.

For days not actually worked, enter the appropriate code as follows:
V=Vacation Leave, $S=$ Medical/Sick Leave; W=Leave without pay; $H=H o l i d a y ~$ Important: This form is not used for official reporting of vacation and medical/sick leave. All paid time off should be reported in TopNet.

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.

I certify that this record is accurate and accounts for my time during the indicated period.
Employee Signature: $\qquad$
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: $\qquad$

Department/Unit Heads are responsible for maintaining this record in departmental files on each covered 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.

