

**CLASSIFIED EXEMPT (Comp. Time Eligible) Amended Time Sheet Form**  
**GMU Human Resources & Payroll**

**Name:** \_\_\_\_\_

**GMU ID#: G** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Position# and 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
	Annual Leave																
Traditional Sick Leave																	
Traditional Sick Family lv.																	
VSDP Sick Leave																	
VSDP Family & Personal																	
Comp. Time Taken																	
Holiday																	
Comp. Time Earned																	
School Asst/Volunteer (CSL)																	
Recognition Leave																	
University Leave																	
Civil/Work Related (ADL)																	
Short Term Disability																	
Worker's Compensation																	
Unpaid Leave (LWOP)																	
Other:																	
<b>TOTAL:</b>																	

**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*