

GMU Human Resources & Payroll

Corrected Time Sheet Form: Classified Exempt (Comp. Time Eligible)

Name: _____

Department: _____

GID#: _____

Organization#: _____

Position# and Suffix: _____

Time Sheet Period: _____

Date:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
EARNING														
Comp. Time Earned														
Annual Leave														
Traditional Sick Leave														
Traditional Sick Family Leave														
VSDP Sick Leave														
VSDP Family & Personal Leave														
Comp. Time Taken														
Overtime Leave Taken														
Holiday														
Bonus Leave														
Community Service Leave														
Recognition Leave														
Administrative Leave														
University Leave														
Workers' Compensation Leave														
Unpaid Leave (LWOP)														
Overtime Leave Taken														
Military Leave -15 days pd.														
TOTAL:														

Reason for Paper Submission (Check appropriate block): Original time sheet never submitted because _____.

_____ Correction to original submission, a copy of which is attached, because _____.

_____ Other reason: _____.

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 failure to submit my hours worked and/or leave taken according to the established procedures for my employment type and according to the established procedures may result in non-payment, incorrect payment, and/or disciplinary action. I further understand that any false submissions on my timesheet may result in disciplinary action.

Signature: _____

Approved By: _____

Ext. _____

Date: _____