

CLASSIFIED NON-EXEMPT Amended Time Sheet Form
GMU Human Resources & Payroll

Name: _____

GMU ID#: G _____

Department: _____

Position Title: _____

Organization#: _____

Position# and Suffix: _____

Time Sheet Period: _____

| Date: | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Mon | Total Hours |
|-----------------------------|------------------|-----|------|-----|-------|-----|-----|-----|-----|------|-----|-------|-----|-----|-----|-----|-------------|
| | Regular Earnings | | | | | | | | | | | | | | | | |
| Annual Leave | | | | | | | | | | | | | | | | | |
| Traditional Sick Leave | | | | | | | | | | | | | | | | | |
| Traditional Sick Family Iv. | | | | | | | | | | | | | | | | | |
| VSDP Sick Leave | | | | | | | | | | | | | | | | | |
| VSDP Family & Personal | | | | | | | | | | | | | | | | | |
| Overtime Leave Taken | | | | | | | | | | | | | | | | | |
| Comp. Time Taken | | | | | | | | | | | | | | | | | |
| Holiday | | | | | | | | | | | | | | | | | |
| School Asst/Volunteer (CSL) | | | | | | | | | | | | | | | | | |
| Recognition Leave | | | | | | | | | | | | | | | | | |
| University Leave | | | | | | | | | | | | | | | | | |
| Civil/Work Related (ADL) | | | | | | | | | | | | | | | | | |
| Short Term Disability | | | | | | | | | | | | | | | | | |
| Worker's Compensation | | | | | | | | | | | | | | | | | |
| Unpaid Leave (LWOP) | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | |
| TOTAL: | | | | | | | | | | | | | | | | | |

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