

GMU Human Resources & Payroll

Corrected Time Sheet Form: Classified Non-Exempt

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														
Regular Earnings														
Annual Leave														
Traditional Sick Leave														
Traditional Sick Family Leave														
VSDP Sick Leave														
VSDP Family & Personal Leave														
Overtime Leave Taken														
Comp. Time Taken														
Holiday														
Bonus Leave														
Community Service Leave														
Recognition Leave														
Retention Leave														
Administrative Leave														
University Leave														
Workers' Compensation Leave														
Unpaid Leave (LWOP)														
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: _____