



Human Resources & Payroll
 4400 University Drive, MS 3C3, Fairfax, Virginia 22030
 Phone: 703-993-2600; Fax: 703-993-2601

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

Name: _____
 GMU ID#: _____
 Position Title: _____
 Position #: _____ Suffix: _____

Department: _____
 Organization #: _____
 Time Sheet Period: _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon		
Date:																		Total Hours
Regular Earnings																		
Annual Leave																		
Traditional Sick Leave																		
Traditional Sick Family lv.																		
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