

The University of Southern Mississippi

Internal Time Reporting Form
For all nonexempt employees
(To be maintained within the home department.)

BIWEEKLY TIME SHEET

Employee Name:	Title:
Employee ID Number:	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Social Security Number:	Supervisor:

First Week Ending _____

Date	Time				Number of Hours					Total Hrs.	
	Start	End	Start	End	Reg	Hol	Vac	Sck	O/Time	Str/Time	O/Time
WEEKLY TOTALS											

Str/Time = Straight Time Rate; O/Time = Overtime Rate

Second Week Ending _____

Date	Time				Number of Hours					Total Hrs.	
	Start	End	Start	End	Reg	Hol	Vac	Sck	O/Time	Str/Time	O/Time
WEEKLY TOTALS											

Str/Time = Straight Time Rate; O/Time = Overtime Rate

I certify that the above recorded hours are true and accurate.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____