

University System of New Hampshire Operating Staff Timesheet -- Keene State College
GEN - Other Hours

USNH ID: _____

YEAR: _____ PAYID: B2 - _____

NAME: _____
 LAST FIRST MIDDLE

TIMESHEET ORG: _____ PAY PERIOD END DATE _____

POSITION: _____ SUFFIX: _____

DEPARTMENT: _____

WEEK 1								WEEK 2								WEEK 2	PERIOD	
Begin Date (mm/dd/yy)								Begin Date (mm/dd/yy)										
Date	SAT	SUN	MON	TUES	WED	THURS	FRI	Date	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL	TOTAL	
Shift								Shift								TOTAL	TOTAL	
IN								IN								TOTAL WEEK 1 HOURS	TOTAL WEEK 2 HOURS	TOTAL PAYPERIOD HOURS
OUT								OUT										
SUB TOTAL								SUB TOTAL										
IN								IN								TOTAL WEEK 1 HOURS	TOTAL WEEK 2 HOURS	TOTAL PAYPERIOD HOURS
OUT								OUT										
SUB TOTAL								SUB TOTAL										
Actual Hours Worked								Actual Hours Worked										Payroll Use Only
Earned Time Used (420)								Earned Time Used (420)										
Holiday / Curtailed not worked (NE)								Holiday / Curtailed not worked (NE)										
Holiday / Curtailed worked (316)								Holiday / Curtailed worked (316)										
Other *								Other										
Total Accounted Time								Total Accounted Time										
Scheduled Work Hours								Scheduled Work Hours										
difference								difference										

* Explanation of Other

EMPLOYEE CERTIFICATION:
 I certify the above entries to be true and correct.

SUPERVISOR CERTIFICATION:
 I have reviewed the above entries and certify them to be true and correct.

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

All non-exempt work over 40 hours per week is paid at 1.5 times the regular rate.

CLEARLY PRINT SUPERVISOR NAME _____

Shaded areas contain formulas and should not be data-entered.

Timesheets must be computer-generated or completed in ink; signatures must be in ink.
 Timesheets not completed as required will be returned to the supervisor; payment may be delayed until the next payroll cycle.

B2	_____
Time Enterer	_____
Initials	_____