

Personnel Time Record: NON-EXEMPT EMPLOYEE

**REPORT FOR PERIOD ENDED:
TOTAL HOURS:**

EMPLOYEE NAME _____	Total Regular Hrs
EMPLOYEE NO. _____	Total Overtime Hrs
DEPARTMENT _____	Total Benefit Hrs

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								Total Hours
IN								
OUT								
Meal Break								
IN								
OUT								
Total Hours Worked								
Benefit Time Used								
Total Hours								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								Total Hours
IN								
OUT								
Meal Break								
IN								
OUT								
Total Hours Worked								
Benefit Time Used								
Total Hours								

EMPLOYEE SIGNATURE	SUPERVISOR'S SIGNATURE
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Benefit Time (paid time not worked) S - sick time V - vacation P - personal B - bereavement H - Holy day/holiday