

**NORTH CAROLINA
AGRICULTURAL AND TECHNICAL STATE UNIVERSITY
TEMPORARY EMPLOYEE WEEKLY TIMESHEET**

(The Work Week begins Monday Morning at 12:01 a.m. and ends Sunday Midnight)

BANNER ID: _____
EMPLOYEE NAME: _____

Monday _____ **Sunday** _____
DATES: (FROM) _____ **(TO)** _____

DATE	TIME WORKED						EXPLANATION OF LEAVE TAKEN	TOTAL REGULAR HOURS WORKED	TOTAL HOURS OF APPROVED OVERTIME	TOTAL TIME WORKED
	IN	OUT	IN	OUT	IN	OUT				

TOTAL HOURS APPROVED THIS PAY PERIOD:

REGULAR TIME _____ APPROVED OVER-TIME _____ TOTAL TIME _____
ST-TIME _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Employee's Signature

Supervisor's Signature **Date**

Print Name **Contact Number**

NOTE: This form is to be completed by all SHRA and Temporary Employees who are Subject to the Wage and Hour Provision of the Labor Law. It is to be filled out daily by the individual employee. The Supervisor is to review and sign bottom section and submit timesheet along with Monthly Payroll Cover Form to the Division of Human Resources by 12:00 p.m. on the Payroll Due Date. All over-time worked must be approved in advance by the Division of Human Resources' Temporary Staff Employment Manager.

Submit to: Human Resources, 1020 East Wendover Ave.