**Central California Conference**

**Non-Exempt (Hourly) Employee Bi-Weekly Time Record**

**Period Ending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Actual starting and stopping times for each period worked must be recorded. Lunch and other breaks must conform to legal requirements. Overtime requires supervisor’s advance approval in writing.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s signature (required)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Week 1 |  |  |  |  |  |  | TOTAL | **OFFICE USE ONLY** | |
|  | IN | OUT | IN | OUT | IN | OUT | HOURS | REGULAR | OVERTIME |
| SUN |  |  |  |  |  |  |  |  |  |
| MON |  |  |  |  |  |  |  |  |  |
| TUE |  |  |  |  |  |  |  |  |  |
| WED |  |  |  |  |  |  |  |  |  |
| THU |  |  |  |  |  |  |  |  |  |
| FRI |  |  |  |  |  |  |  |  |  |
| SAT |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Week 2 |  |  |  |  |  |  | TOTAL | **OFFICE USE ONLY** | |
|  | IN | OUT | IN | OUT | IN | OUT | HOURS | REGULAR | OVERTIME |
| SUN |  |  |  |  |  |  |  |  |  |
| MON |  |  |  |  |  |  |  |  |  |
| TUE |  |  |  |  |  |  |  |  |  |
| WED |  |  |  |  |  |  |  |  |  |
| THU |  |  |  |  |  |  |  |  |  |
| FRI |  |  |  |  |  |  |  |  |  |
| SAT |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hourly pay rate: \_\_\_\_\_\_\_\_\_ | Total hours worked this pay period: |  |  |  |

I certify that I have reported on this time sheet all working time during each work week for this payroll period, and that I have not omitted any hours worked, including any overtime hours, from this time sheet. I understand that false, misleading, or omitted information on this report can result in termination of employment.

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This record must be retained by the employing or supervising entity for a minimum of 3 years.