

# ARKANSAS TECH UNIVERSITY SEMI MONTHLY TIMESHEET

NAME \_\_\_\_\_ S.S- NO. \_\_\_\_\_ PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_, 20\_\_\_\_

DATE	A. M.		INTERIM		P. M.		HRS. WORKED		HOURS OF LEAVE TAKEN				COMP TIME		OVERTIME	
	IN	OUT	IN	OUT	IN	OUT	REG.	O.T.	ANN	SICK	EX'D	PAY	USED	FW'D	@ 1.50	@ 1.00
BROUGHT FORWARD		*****	*****	*****	*****	*****		*****	*****	*****	*****	*****	*****		*****	
TOTALS																

I certify that this record of hours is correct and that payment should be made.

Employee \_\_\_\_\_ Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Workweek begins on Sunday.

Semi Monthly rate of \$ _____	to be paid from: _____	Position# _____	AMT _____	DEPT _____	ASGN _____
Overtime Authorized Personnel Only)					
1.0 Overtime Pay of \$ _____	to be paid from: _____	Position# _____	AMT _____	DEPT _____	ASGN _____
		Position# _____	AMT _____	DEPT _____	ASGN _____
1.5 Overtime Pay of \$ _____	to be paid from: _____	Position# _____	AMT _____	DEPT _____	ASGN _____
		Position# _____	AMT _____	DEPT _____	ASGN _____