

Employee Status  
**Western New Mexico University**  
**Payroll Time Report**

Temporary Regular



Name \_\_\_\_\_

Period Covered From \_\_\_\_\_ Through \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department \_\_\_\_\_

DAY	DATE	IN	OUT	TYPE	IN	OUT	TYPE	IN	OUT	TYPE	HOURS WORKED
SUNDAY											
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
SUNDAY											
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
								TOTAL	HOURS	WORKED	

I certify this time sheet is a correct accounting of the hours I have worked.

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

I certify this time sheet is a correct accounting of the hours this employee has worked.

**Supervisor's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Overtime is required to be approved by the appropriate Vice President or Designee.

**Vice President's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Type  
**REG = Regular Hours**      **OT = Overtime Hours**      **HOL = Holiday**      **ANN = Annual Leave**      **SIC = Sick Leave**  
**BER = Bereavement**      **X = Other**      **CA = Comp time accrued**      **CU = Comp time used**      **LWB = Leave without Pay**

**Please attach all leave slips to this time report. Must have prior written approval**

**Original Payroll Time Report needs to be turned into the Payroll Office by noon on the scheduled due date as stated on the current payroll schedule.**

**NOTE: Non-Exempt Overtime compensation is paid according to each work week which starts on Sunday and ends on Saturday for a complete 7 day work week. Over time is based on actual work over 40 hours per week.**

**Payroll Use Only**

REG	_____
X	_____
OTT	_____
OTS	_____
SIC	_____
ANN	_____
CTS	_____
CTT	_____
CTU	_____