University of Mississippi DEPARTMENTALTIME RECORD

NON-EXEMPT EMPLOYEES
(ELIGIBLE TO EARN OVERTIME PAY)

NAME _____ INTERNAL ORDER (I.O.) OR COST CENTER (C.C.) # _____ DEPARTMENT DESCRIPTION _____

EMPLOYEE NO. _____ PAY PERIOD BEGINNING _____ AND ENDING _____ HOURLY RATE _____

MONTH/DAY																			TOTALS
REGULAR WORKED HOURS	AHRS																		
OVERTIME-PAID	AOTP																		
BEREAVEMENT LEAVE	BRVM																		
HOLIDAY LEAVE	HLDY																		
JURY DUTY/ADM	JURY																		
1ST DAY ILLNESS	1DAY																		
MAJOR MEDICAL/SICK LEAVE	SICK																		
UNPAID LEAVE	UNPD																		
PERSONAL/VACATION LEAVE	VACA																		
MILITARY LEAVE	MLTR																		
OVERTIME-COMP	AOTC																		
	TOTALS																		

NON-EXEMPT EMPLOYEES

I certify the hours stated were worked and correctly charged to the above internal order or cost center.

Signature of Employee _____ Signature of Department Head _____

Time entered in CATS by Time Administrator _____

Time Approved in CATS by Time Administrator _____

This card is used by budget officers to record the hours worked by non-exempt employees. This record must be maintained on all non-exempt employees and signed by the employee and departmental head upon completion. The form is retained in the department office for three years and must be made readily available for audit. Time should be recorded in hours.

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