William & Mary Payroll **Manual Timesheet Form**

Type of Employee: Non-Exempt

Pay Period: Start Month: January | Days: 25-09 | Year:

Name

Banner ID:

Email:

Phone:

Department:

Position #:

Dept. Orgn Code:

Record Hours Earned or Used by Date	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9
Regular Pay																
Additional Hours Worked(Pay)																
Additional Hours Worked(Leave)																
Holiday Observed																
Call Back-Leave																
Compensatory Leave Earned																
On-Call Pay																
Call Back Pay																
Annual Leave Taken																
Sick Leave Taken																
VSDP Parental (HR approvl reqd)																
VSDP Family Personal Leave Taken																
Compensatory Leave Taken																
Overtime Leave Taken																
Community ServiceLeave Taken																
Recognition Leave Taken																
LWOP Manual Override																
Administrative Leave Taken																
Trad. Sick/Family(Classified only)																
Military Leave (HR approvl reqd)																
OTHER-Please enter leave type used																
Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

- ○ Original Time sheet never submitted because
- ○ Correction to original submission (copy attached)
- ○ Other Reason:

I certify this correctly reflects all time worked for the pay period indicated. **Supervisors only - Email completed timesheet to payofc@wm.edu**

Employee Name: _____ **Employee Signature:** _____ **Date:** _____

Supervisor Name: _____ **Supervisor Signature:** _____ **Date:** _____