

THE UNIVERSITY OF MEMPHIS

NON-EXEMPT PAID SALARY FOR FLUCTUATING HOURS GRADUATE ASSISTANTS & SOME PART-TIME EMPLOYEES

NAME: _____

BANNER ID: _____

THE DATE PERIOD BEGINNING: _____

AND ENDING: _____

FIRST WEEK:

SATURDAY	TOTAL HOURS PRESENT: _____	
SUNDAY	TOTAL HOURS PRESENT: _____	
MONDAY		
IN: _____ OUT: _____	NO. OF HOURS: _____	
IN: _____ OUT: _____	NO. OF HOURS: _____	
	TOTAL HOURS PRESENT: _____	
	STRAIGHT OVERTIME: _____	
	PREMIUM OVERTIME: _____	
	TOTAL HOURS: _____	
TUESDAY		
IN: _____ OUT: _____	NO. OF HOURS: _____	
IN: _____ OUT: _____	NO. OF HOURS: _____	
	TOTAL HOURS PRESENT: _____	
	STRAIGHT OVERTIME: _____	
	PREMIUM OVERTIME: _____	
	TOTAL HOURS: _____	
WEDNESDAY		
IN: _____ OUT: _____	NO. OF HOURS: _____	
IN: _____ OUT: _____	NO. OF HOURS: _____	
	TOTAL HOURS PRESENT: _____	
	STRAIGHT OVERTIME: _____	
	PREMIUM OVERTIME: _____	
	TOTAL HOURS: _____	
THURSDAY		
IN: _____ OUT: _____	NO. OF HOURS: _____	
IN: _____ OUT: _____	NO. OF HOURS: _____	
	TOTAL HOURS PRESENT: _____	
	STRAIGHT OVERTIME: _____	
	PREMIUM OVERTIME: _____	
	TOTAL HOURS: _____	
FRIDAY		
IN: _____ OUT: _____	NO. OF HOURS: _____	
IN: _____ OUT: _____	NO. OF HOURS: _____	
	TOTAL HOURS PRESENT: _____	
	STRAIGHT OVERTIME: _____	
	PREMIUM OVERTIME: _____	
	TOTAL HOURS: _____	
TOTAL HOURS PRESENT IN WEEK 1: _____		
STRAIGHT OVERTIME: _____		
PREMIUM OVERTIME: _____		
TOTAL HOURS IN WEEK 1: _____		

SECOND WEEK:

SATURDAY	TOTAL HOURS PRESENT: _____	
SUNDAY	TOTAL HOURS PRESENT: _____	
MONDAY		
IN: _____ OUT: _____	NO. OF HOURS: _____	
IN: _____ OUT: _____	NO. OF HOURS: _____	
	TOTAL HOURS PRESENT: _____	
	STRAIGHT OVERTIME: _____	
	PREMIUM OVERTIME: _____	
	TOTAL HOURS: _____	
TUESDAY		
IN: _____ OUT: _____	NO. OF HOURS: _____	
IN: _____ OUT: _____	NO. OF HOURS: _____	
	TOTAL HOURS PRESENT: _____	
	STRAIGHT OVERTIME: _____	
	PREMIUM OVERTIME: _____	
	TOTAL HOURS: _____	
WEDNESDAY		
IN: _____ OUT: _____	NO. OF HOURS: _____	
IN: _____ OUT: _____	NO. OF HOURS: _____	
	TOTAL HOURS PRESENT: _____	
	STRAIGHT OVERTIME: _____	
	PREMIUM OVERTIME: _____	
	TOTAL HOURS: _____	
THURSDAY		
IN: _____ OUT: _____	NO. OF HOURS: _____	
IN: _____ OUT: _____	NO. OF HOURS: _____	
	TOTAL HOURS PRESENT: _____	
	STRAIGHT OVERTIME: _____	
	PREMIUM OVERTIME: _____	
	TOTAL HOURS: _____	
FRIDAY		
IN: _____ OUT: _____	NO. OF HOURS: _____	
IN: _____ OUT: _____	NO. OF HOURS: _____	
	TOTAL HOURS PRESENT: _____	
	STRAIGHT OVERTIME: _____	
	PREMIUM OVERTIME: _____	
	TOTAL HOURS: _____	
TOTAL HOURS PRESENT IN WEEK 2: _____		
STRAIGHT OVERTIME: _____		
PREMIUM OVERTIME: _____		
TOTAL HOURS IN WEEK 2: _____		

TOTAL HOURS FOR THE TWO WEEK PERIOD: _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

Form should be kept in department files for 3 years. DO NOT enter on hourly timesheets.