

Research Foundation for Mental Hygiene, Inc.
Instructions for Hourly Employee Time Sheet

(See Reverse Side for Time Sheet)

1. ENTER ALL HOURS WORKED.
2. SALARIED EMPLOYEES - ENTER ONLY ADDITIONAL HOURS TO BE PAID IN EXCESS OF NORMAL SALARIED HOURS.
3. DO NOT INCLUDE MEAL TIMES OR OTHER NON-COMPENSATORY HOURS FOR EITHER HOURLY OR SALARIED EMPLOYEES.
4. ROUND PARTIAL HOURS TO THE NEAREST FIFTEEN MINUTES.
5. FORWARD THIS ORIGINAL SIGNED FORM TO THE PAYROLL OFFICE NO LATER THAN FRIDAY FOLLOWING THE CLOSE OF THE PAY PERIOD.
- 6. TIME SHEETS SUBMITTED LATE WILL NOT BE ACCEPTED WITHOUT A MEMORANDUM FROM ONE'S PRINCIPAL INVESTIGATOR
DETAILING WHY THE TIME SHEET IS BEING SUBMITTED PAST THE TIME ALLOWED IN ITEM 5 ABOVE.**
7. OVERTIME FOR EMPLOYEES AT GRADES HIGHER THAN GRADE 13 IS SUBJECT TO INSTITUTE APPROVAL.
- 8. USE A SEPARATE TIME SHEET FOR EACH ACCOUNT.**

Research Foundation for Mental Hygiene, Inc.

Time Sheet for Hourly Employees

(See Reverse Side for Instructions)

Employee Name <small>(first,middle initial,last)</small>	Project/Account Number
<small>Please Print</small>	
Social Security Number XXX - XX - _____	Timecard Type
Address of Physical Work Location <small>(street, city and state)</small>	<input type="checkbox"/> Hourly/Single Account
	<input type="checkbox"/> Hourly/Multiple Accounts
	<input type="checkbox"/> Additional Salaried Hours
	<input type="checkbox"/> Overtime
Pay Period Covering ____/____/____ ____/____/____ <small>Payroll Period Begin Date Payroll Period Ending Date</small>	<small>(check appropriate box)</small>

Scheduled Hours Week One

Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____		
Day of the Week	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday		
Time In									
Time Out									
Time In									
Time Out									
Time In									
Time Out									
Total Hours Worked (hours/minutes)								RG	Total Hours Worked Week One (hours/minutes)
Earned Sick Time Charged (hours/minutes)								OT	Total Earned Sick Time Charged Week One (hours/minutes)

Scheduled Hours Week Two

Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____		
Day	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday		
Time In									
Time Out									
Time In									
Time Out									
Time In									
Time Out									
Total Hours Worked (hours/minutes)								RG	Total Hours Worked Week Two (hours/minutes)
Earned Sick Time Charged (hours/minutes)								OT	Total Earned Sick Time Charged Week Two (hours/minutes)

Describe Work Performed	RG	Grand Total Hours Worked Paid
	OT	Grand Total Sick Accrual Hours Paid

By signing below, I attest the hours worked or time charged are correct and were performed/charged to the account indicated above.

Employee Signature _____	Date ____/____/____
Supervisor Signature _____	____/____/____
Authorized Signature _____	____/____/____

<i>For Business Office Use Only</i>		
Oracle Input Initials and Date		
Earned Sick Accruals Verified and Updated		
Assignment Number		