

# NON-EXEMPT PAYROLL TIMESHEET

Spectrum Health Systems, Inc.

WEEK ENDING \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

	IN	MEAL BREAK		OUT	REG HRS	OT HRS	PTO HRS	PTO	SITE / LOCATION	OTH *	* EXPLAIN BELOW
		START	END								
SUN	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
MON	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
TUE	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
WED	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
THU	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
FRI	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
SAT	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
SUBTOTAL BY HOURS											WEEK 1 TOTAL HOURS

WEEK ENDING \_\_\_\_\_

	IN	MEAL BREAK		OUT	REG HRS	OT HRS	PTO HRS	PTO	SITE / LOCATION	OTH *	* EXPLAIN BELOW
		START	END								
SUN	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
MON	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
TUE	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
WED	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
THU	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
FRI	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
SAT	AM			AM				<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled			
	PM			PM							
SUBTOTAL BY HOURS											WEEK 2 TOTAL HOURS

TOTAL HRS BY TYPE

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GRAND TOTAL
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EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE SIGN DOCUMENT WITH LEGAL NAME