

Mississippi Valley State University

Pursuing Academic Excellence

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 Itta Bena, MS 38606
 662-254-3531 Fax 662-254-3784

TIME SHEET

Employee Name: _____

Title: _____

Employee Number: _____

Status: _____

Department: _____

Supervisor: _____

*AHW: Actual Hours Worked *LT: Leave Time *CTU: Compensatory Time Used *H: Holiday OB: *Official business

Date	I N	O U T	I N	O U T	Regular Hours					Additional Hours	Total Hours
					A H W	LT	CTU	H	O B		
WEEKLY TOTALS:				<small>Regular Hours</small>	Comp Hours (over 40)					<u>Total Weekly Hours</u>	

I certify that the above information pertaining to work hours is true and correct.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____