



**Fiscal Services – Payroll Department**

Phone: 703-993-2600; Email: [payroll@gmu.edu](mailto:payroll@gmu.edu)  
 Webpage: <https://fiscal.gmu.edu/payroll/>

**CLASSIFIED EXEMPT Amended Time Sheet Form**

NAME  
 G#  
 POSITION TITLE

DEPARTMENT  
 ORGANZIATION (ORG)#  
 POSITION # SUFFIX

Timesheet Period:																	
	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Total hours
Date																	
Annual Leave																	
Traditional Sick Leave																	
Traditional Sick Family lv																	
VSDP Sick Leave																	
VSDP Family & Personal																	
Comp. Time Earned																	
Comp. Time Taken																	
Holiday																	
School Asst/Vol. (CSL)																	
University Leave																	
Civil/Work Related (ADL)																	
Short Term Disability																	
Worker's Compensation																	
Unpaid Leave (LWOP)																	
Recognition Leave																	
<b>TOTAL</b>																	
Reason for Paper Submission:																	

*I certify that the timesheet I am submitting correctly and accurately reflects my hours worked and/or leave taken during this time period. I understand that a failure to submit my hours worked and/or leave taken in accordance with the established procedures for my position may result in non-payment, incorrect payment, and/or disciplinary action.*

Employee Signature	Printed Name	Date	Ext.
Supervisor Signature	Printed Name	Date	Ext.

**Please note that timesheets will not be processed without an approver's signature**

Revised February 2023