



Fiscal Services – Payroll Department

Phone: 703-993-2600; Email: payroll@gmu.edu
 Webpage: <https://fiscal.gmu.edu/payroll/>

CLASSIFIED NON-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																	
Regular Earnings																	
Annual Leave																	
Traditional Sick Leave																	
Traditional Sick Family lv																	
VSDP Sick Leave																	
VSDP Family & Personal																	
Overtime Leave Taken																	
Comp. Time Taken																	
School Asst/Vol. (CSL)																	
Recognition Leave																	
University Leave																	
Civil/Work Related (ADL)																	
Short Term Disability																	
Worker's Compensation																	
Unpaid Leave (LWOP)																	
Holiday																	
TOTAL																	

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 January 2023