

Overtime Outside Regular Department Time Sheet Earnings Codes | Timesheet Instructions

MI - 121 H - 1121					
Name	UID Home Departme	nt			
Two Week Period Beginning (Sat)	Ending (Fri)				
Department/Activity to be Charged					
Week 1	Straight Overtime (033)	Pren	(034)	Total	
	, , , , , , , , , , , , , , , , , , ,				
SAT					
SUN					
MON					
THE					
TUE					
WED					
THU					
FRI					
TOTAL					
Week 2					
	1				
SAT					
SUN					
MON					
TUE					
IUE					
WED					
THU					
FRI					
TOTAL					
IOIAL					
GRAND TOTAL					
I certify that hours worked as reported above are true and accurate in accordance with University policies and procedures.			FOR PAYROLL USE ONLY:		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Payroll Number		
Employee's Signature Date			ECLS		
Limployee's dignature Date					
Signature of Responsible Official on Account Charged / Date			Position		
If a Grant account is charged, the Project Director must certify that overtime is an allowable charge to the Grant			Suffix		
account specified above)					
			Organization(Timekeeper's Initials)		
Signature of Supervisor in Home Departme	ent Date		Entered by: Dat	re:	
			*		

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