



# TIME SHEET FOR DUAL EMPLOYMENT

\*EIN:

\*Department/Unit:

\*Name:

\*Pay Period End Date: (MM/DD/YYYY)

**Primary Employer:**

\*Dept: Unit: Distribution: Pay Rate:

**Dual Employer:**

Dept: Unit: Distribution: Pay Rate:

Complete a new form for each additional employer

Date (MM/DD/YYYY)	Hours Worked <sup>1</sup>	Fund	Department	Unit	Approp	Activity	Function	Program	Phase
<b>Charge Codes:</b>									
Sat									
Sun									
Mon									
Tue									
Wed									
Thu									
Fri									
Week 1 Total									
Sat									
Sun									
Mon									
Tue									
Wed									
Thu									
Fri									
Week 2 Total									
Pay Period Total									
Mileage Wage Type 1183									

\*Fields Required to Submit Form

**Select box to pay as Overtime Direct:**

(FLSA Exempt employees are NOT eligible for OT Direct)

<sup>1</sup>Hours worked are defined by Federal and State law. For further clarification see State DHRM rules for FLSA time reporting requirements.

By signing this time sheet, I verify the above hours worked are true and correct for this pay period.

*Employee Signature	*Submitted Date
*Approval Signature	
Contact Person	Phone Number