

# NON-EXEMPT SCHEDULE TIME CARD

PAY PERIOD • 16-31<sup>ST</sup>

Name \_\_\_\_\_ first \_\_\_\_\_ last \_\_\_\_\_ Dept. \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

REGULAR (X) _____	OVERTIME _____
VACATION (V) _____	FLOATING HOLIDAY (FH) _____
SICK (SL) _____	PERSONAL (PT) _____
HOLIDAY (H) _____	OTHER _____
<b>FOR OFFICE USE ONLY</b>	

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**CODES** INDICATE ONLY ACTUAL HOURS WORKED OR THE APPROPRIATE CODE AS LISTED BELOW.

V	Vacation	J	Jury Duty	Jl	Job Injury
FH	Floating Holiday	LA	Leave of Absence	IW	Inclement Weather
H	Holiday	ML	Military Leave		
SL	Sick Leave	CL	Compassionate Leave		

*By signing this time card I certify that all hours reported are accurate and complete.*

☞ Employee Signature \_\_\_\_\_ ☞ Supervisor Signature \_\_\_\_\_

TIMECARDS ARE DUE IN PAYROLL BY THE 1ST WORKING DAY FOLLOWING THE END OF THE PAY PERIOD ABOVE. CHANGES/CORRECTIONS MUST BE INITIALED BY THE SIGNING SUPERVISOR.



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