

**SAM HOUSTON STATE UNIVERSITY**  
NON EXEMPT STAFF

**PERSONNEL TIME REPORT**

PAY PERIOD:

EMPLOYEE NAME	SAM ID	POSITION NUMBER			
EMPLOYEE CLASS	DEPARTMENT NAME			ORG. CODE	FTE

BBF	REGULAR HOURS		EQUIV. PAID	OVERTIME PAID		COMP. EARNED AT EQUIV. TIME		OVERTIME COMP. EARNED	VACATION TAKEN	SICK TAKEN	EQUIV. COMP. TAKEN	OVERTIME COMP. TAKEN	ADMINISTRATIVE LEAVE TAKEN	TYPE OF ADMIN. LEAVE *
PP	RGH	EQP	OTS	EQE	OTE	VHT	SCK	EQT	OTT					
DATE														
TOTAL														
BCF														

SICK/FAMILY  YES  NO  
 RELATIONSHIP \_\_\_\_\_ \*\*DEPENDENT  
 BEREAVEMENT \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_ NAME OF DECEASED \_\_\_\_\_

*ADMIN LEAVE DEFINITIONS	USE CODE
BEREAVEMENT	BRV
HOLIDAY	HOL
MILITARY	MIL
JURY DUTY	JRY
LEAVE WITHOUT PAY	DOC
Reference HR Policy B1 for other Leave Definitions and Codes	

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
 EMPLOYEE SIGNATURE                      DATE

\_\_\_\_\_  
 DEPARTMENT HEAD                      DATE                      HUMAN RESOURCES                      DATE

**RETURN THIS FORM TO THE PAYROLL OFFICE EACH PAYROLL PERIOD:**

For absences of more then three working days, a written statement from the attending physician (or other documentation) should be submitted with this form.  
 \*\*Dependency is defined as "living in the same household" or "totally" dependent upon employee for personal care or services on a continuing basis.  
 \*Hand or USPS mail delivery to our office is recommended as that we cannot guarantee the security of the information if emailed or faxed.\*  
 Email: payroll\_office@shsu.edu  
 Fax: 936-294-1099  
 Phone: 936-294-3248