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

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