# SEMI-MONTHLY TIMESHEET
## Full-Time Exempt Employee
### Three-Week Pay Cycle

**EMPLOYEE NAME:** _____  **PID#:** _____

**DEPARTMENT:** _____  **ATTENDANCE ORG#:** **ACP - WVB**

**SUPERVISOR NAME:** _____

**PAY PERIOD FROM:** _____  **THROUGH:** _____  **PAYCHECK DATE:** _____

☐ **37.5 HOUR WEEK\***

☐ **40.0 HOUR WEEK**

**Time is accrued and deducted in 15 minute increments**

*WEEK ONE:*

| WORKDAY | DATE | RECORD TIMES IN AND OUT DAILY | | | | TYPE OF LEAVE | | TOTAL DAILY HOURS |
|---|---|---|---|---|---|---|---|---|
| | | IN | OUT | IN | OUT | Leave Code*** | Leave Hours | |
| | | | | Lunch | | | | |
| SUNDAY | | | | | | | | |
| MONDAY | | | | | | | | |
| TUESDAY | | | | | | | | |
| WEDNESDAY | | | | | | | | |
| THURSDAY | | | | | | | | |
| FRIDAY | | | | | | | | |
| SATURDAY | | | | | | | | |
| | | | | | | *Total Hours - Week One* | | |

*WEEK TWO:*

| WORKDAY | DATE | RECORD TIMES IN AND OUT DAILY | | | | TYPE OF LEAVE | | TOTAL DAILY HOURS |
|---|---|---|---|---|---|---|---|---|
| | | IN | OUT | IN | OUT | Leave Code*** | Leave Hours | |
| | | | | Lunch | | | | |
| SUNDAY | | | | | | | | |
| MONDAY | | | | | | | | |
| TUESDAY | | | | | | | | |
| WEDNESDAY | | | | | | | | |
| THURSDAY | | | | | | | | |
| FRIDAY | | | | | | | | |
| SATURDAY | | | | | | | | |
| | | | | | | *Total Hours - Week Two* | | |

*WEEK THREE:*

| WORKDAY | DATE | RECORD TIMES IN AND OUT DAILY | | | | TYPE OF LEAVE | | TOTAL DAILY HOURS |
|---|---|---|---|---|---|---|---|---|
| | | IN | OUT | IN | OUT | Leave Code*** | Leave Hours | |
| | | | | Lunch | | | | |
| SUNDAY | | | | | | | | |
| MONDAY | | | | | | | | |
| TUESDAY | | | | | | | | |
| WEDNESDAY | | | | | | | | |
| THURSDAY | | | | | | | | |
| FRIDAY | | | | | | | | |
| SATURDAY | | | | | | | | |
| | | | | | | *Total Hours - Week Three* | | |

**TOTAL HOURS FOR PAY PERIOD:** _____

**\*\*\* LEAVE CODES**

| CODE | LEAVE TYPE |
|---|---|
| VACA | Vacation Day - Paid |
| PERS | Personal Day - Paid |
| HOL | Holiday |
| WCPD | Worker's Comp |
| MILT | Military |
| FMLA | Family Medical Leave |
| LWOP | Leave Without Pay |

**EMPLOYEE SIGNATURE:** _____

**SUPERVISOR SIGNATURE:** _____