

# DENVER SCHOOL OF NURSING

## Payroll Time Sheet

Any changes to your regular scheduled time should be marked next to the scheduled time.

Employee Name: \_\_\_\_\_ DUE DATE: 8th \_\_\_\_\_  
(print)

Month: \_\_\_\_\_ Year: \_\_\_\_\_ PAY DATE: 15th of month \_\_\_\_\_

Date	Day of Week	Time In	Time Out	TASK	Total Hours
23					
24					
25					
26					
27					
28					
29					
30					
31					
1					
2					
3					
4					
5					
6					
7					
<b>TOTAL HOURS:</b>					

*I certify that this is a true record of my working time for the period above, and that if I am a non-exempt employee, I did not work any overtime hours, except as marked out and noted above. I also understand that I am not to work overtime without prior written permission from the school director.*

Employee Signature \_\_\_\_\_

Date: \_\_\_\_\_

Manager Signature \_\_\_\_\_

Date: \_\_\_\_\_

# DENVER SCHOOL OF NURSING

## Payroll Time Sheet

Any changes to your regular scheduled time should be marked next to the scheduled time.

Employee Name: \_\_\_\_\_ DUE DATE: 23rd  
(print)

Month: \_\_\_\_\_ Year: \_\_\_\_\_ PAY DATE: Last day of month

Date	Day of Week	Time In	Time Out	TASK	Total Hours
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
<b>TOTAL HOURS:</b>					

*I certify that this is a true record of my working time for the period above, and that if I am a non-exempt employee, I did not work any overtime hours, except as marked out and noted above. I also understand that I am not to work overtime without prior written permission from the school director.*

Employee Signature \_\_\_\_\_

Date: \_\_\_\_\_

Manager Signature \_\_\_\_\_

Date: \_\_\_\_\_