

University of Notre Dame
Non-Exempt Blank Time Card

Pay Period End Date _____
 Name _____
 ND ID _____
 Position Number _____
 Job Title _____
 Org Code _____

Hours Summary

	Regular*	Shift	Sick	Vacation	Holiday	Unpaid Hours	Other	Other Dollars*
Week 1								
Week 2								
Total								

*Students only complete the Regular Hours portion and perhaps Other Dollars Portion

Daily Hours Worked - Week 1

DATE	IN	OUT	IN	OUT	TOTAL

Daily Hours Worked - Week 2

DATE	IN	OUT	IN	OUT	TOTAL

I certify to the accuracy of this card

 Immediate Supervisor Signature

 Date

 Employee Signature

 Date