

# 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