Arkansas Agricultural Experiment Station

SEMI-MONTHLY TIME SHEET
For Non-Appointed Employees

Full Name _____ Department _____ Cost Center Number _____

For the pay period beginning _____ and ending _____

Work Period			
Date	**From**	**To**	**Total Hours**

Total Hours Worked _____

Work Period			
Date	**From**	**To**	**Total Hours**

Total Hours Worked _____

Work Period			
Date	**From**	**To**	**Total Hours**

Total Hours Worked _____

I certify that the hours reported on this form are true and correct to the best of my knowledge and that the work times and absences are in accordance with the University and Division of Agriculture policies.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

OFFICE USE ONLY

ST Hours		Rate per hour		Amount Due
OT Hours		Rate per hour		Amount Due