



Semi-Monthly Timesheet

Beginning Date: April 16, 2025

Ending Date: April 30, 2025

Day	Date	Time In	Time Out	Lunch	Time In	Time Out	Hours Worked
Week 1							
Mon							
Tues							
Wed	04/16/25						
Thurs	04/17/25						
Fri	04/18/25						
Sat	04/19/25						
Sun	04/20/25						
Week 1 Total							Regular Overtime

Employee Name: _____

WKU ID: _____

Department/Unit: _____

Instructions: The Fair Labor Standards Act and the Commonwealth of Kentucky labor laws require that a record of hours worked on a weekly basis be maintained for all non-exempt employees. While semi-monthly employees are paid on the 15th and at the end of each month, time worked must be documented on a weekly basis. The official workweek begins at 12:01 a.m. on Monday and ends at 12:00 midnight on Sunday (reference HR policy 4.400, Hours Worked and Overtime Compensation for additional guidance). Time should be rounded to the nearest quarter hour.

For days not actually worked, enter the appropriate code as follows: V=Vacation Leave, S=Medical/Sick Leave;

W=Leave without pay; H=Holiday

Important: This form is not used for official reporting of vacation and medical/sick leave. All paid time off should be reported in TopNet.

Overtime Payment – Any overtime due in a given week must be paid in the employee's next paycheck (15th or end of month) available. In order to make an overtime payment or to pay for time between 37.5 and 40 hours, a Form 16 must be prepared and forwarded to the Payroll Office.

Compensatory Time - Compensatory time is not allowed by either state law or University policy. All hours worked must be paid at either the regular or overtime rate as applicable.

Pay Week Totals			
	Reg Hours up to 37.5	Hours >37.5 up to 40**	Hours over 40**
April 14- 20			
April 21-27			
April 28-30			

**Report all hours above 37.5 on Form 16

Day	Date	Time In	Time Out	Lunch	Time In	Time Out	Hours Worked
Week 3							
Mon	04/28/25						
Tues	04/29/25						
Wed	04/30/25						
Thurs							
Fri							
Sat							
Sun							
Week 3 Total							Regular Overtime

I certify that this record is accurate and accounts for my time during the indicated period.

Employee Signature: _____

I certify that the hours recorded and coded on this form are correct to the best of my knowledge and are in accordance with University policy.

Supervisor Signature: _____

Department/Unit Heads are responsible for maintaining this record in **departmental files** on each covered employee for a period of **three (3) years**. These records may be checked for compliance at anytime by the Department of Human Resources or by the Internal Auditor.