

MOHAWK VALLEY COMMUNITY COLLEGE

Non-Exempt Employee Instruction Timesheet

Overload assignment hours only

Employee Name (PRINT): _____ Bargaining Unit: _____

Supervisor's Name (PRINT): _____

Pay period begin (MONDAY): _____ Pay period end (SUNDAY): _____

DAILY HOURS MUST BE RECORDED SEPARATELY BY CRN #

| MON | TUES | WED | THURS | FRI | SAT | SUN |
|-----|------|-----|-------|-----|-----|-----|
| | | | | | | |
| MON | TUES | WED | THURS | FRI | SAT | SUN |
| | | | | | | |

EMPLOYEE: I attest the above hours are true and accurate.
above hours.

SUPERVISOR: I verify and approve the

Employee Signature
Date

Date Supervisor Signature