

# THE UNIVERSITY OF MEMPHIS

## NON-EXEMPT PAID SALARY FOR FLUCTUATING HOURS GRADUATE ASSISTANTS & SOME PART-TIME EMPLOYEES

NAME: \_\_\_\_\_ UIID NUMBER: \_\_\_\_\_  
 THE DATE PERIOD BEGINNING: \_\_\_\_\_ AND ENDING: \_\_\_\_\_

FIRST WEEK:				SECOND WEEK:			
SATURDAY		TOTAL HOURS PRESENT:	_____	SATURDAY		TOTAL HOURS PRESENT:	_____
SUNDAY		TOTAL HOURS PRESENT:	_____	SUNDAY		TOTAL HOURS PRESENT:	_____
<b>MONDAY</b>				<b>MONDAY</b>			
IN: _____	OUT: _____	NO. OF HOURS:	_____	IN: _____	OUT: _____	NO. OF HOURS:	_____
IN: _____	OUT: _____	NO. OF HOURS:	_____	IN: _____	OUT: _____	NO. OF HOURS:	_____
		TOTAL HOURS PRESENT:	_____			TOTAL HOURS PRESENT:	_____
		STRAIGHT OVERTIME:	_____			STRAIGHT OVERTIME:	_____
		PREMIUM OVERTIME:	_____			PREMIUM OVERTIME:	_____
		TOTAL HOURS:	_____			TOTAL HOURS:	_____
<b>TUESDAY</b>				<b>TUESDAY</b>			
IN: _____	OUT: _____	NO. OF HOURS:	_____	IN: _____	OUT: _____	NO. OF HOURS:	_____
IN: _____	OUT: _____	NO. OF HOURS:	_____	IN: _____	OUT: _____	NO. OF HOURS:	_____
		TOTAL HOURS PRESENT:	_____			TOTAL HOURS PRESENT:	_____
		STRAIGHT OVERTIME:	_____			STRAIGHT OVERTIME:	_____
		PREMIUM OVERTIME:	_____			PREMIUM OVERTIME:	_____
		TOTAL HOURS:	_____			TOTAL HOURS:	_____
<b>WEDNESDAY</b>				<b>WEDNESDAY</b>			
IN: _____	OUT: _____	NO. OF HOURS:	_____	IN: _____	OUT: _____	NO. OF HOURS:	_____
IN: _____	OUT: _____	NO. OF HOURS:	_____	IN: _____	OUT: _____	NO. OF HOURS:	_____
		TOTAL HOURS PRESENT:	_____			TOTAL HOURS PRESENT:	_____
		STRAIGHT OVERTIME:	_____			STRAIGHT OVERTIME:	_____
		PREMIUM OVERTIME:	_____			PREMIUM OVERTIME:	_____
		TOTAL HOURS:	_____			TOTAL HOURS:	_____
<b>THURSDAY</b>				<b>THURSDAY</b>			
IN: _____	OUT: _____	NO. OF HOURS:	_____	IN: _____	OUT: _____	NO. OF HOURS:	_____
IN: _____	OUT: _____	NO. OF HOURS:	_____	IN: _____	OUT: _____	NO. OF HOURS:	_____
		TOTAL HOURS PRESENT:	_____			TOTAL HOURS PRESENT:	_____
		STRAIGHT OVERTIME:	_____			STRAIGHT OVERTIME:	_____
		PREMIUM OVERTIME:	_____			PREMIUM OVERTIME:	_____
		TOTAL HOURS:	_____			TOTAL HOURS:	_____
<b>FRIDAY</b>				<b>FRIDAY</b>			
IN: _____	OUT: _____	NO. OF HOURS:	_____	IN: _____	OUT: _____	NO. OF HOURS:	_____
IN: _____	OUT: _____	NO. OF HOURS:	_____	IN: _____	OUT: _____	NO. OF HOURS:	_____
		TOTAL HOURS PRESENT:	_____			TOTAL HOURS PRESENT:	_____
		STRAIGHT OVERTIME:	_____			STRAIGHT OVERTIME:	_____
		PREMIUM OVERTIME:	_____			PREMIUM OVERTIME:	_____
		TOTAL HOURS:	_____			TOTAL HOURS:	_____
		TOTAL HOURS PRESENT IN WEEK 1:	_____			TOTAL HOURS PRESENT IN WEEK 2:	_____
		STRAIGHT OVERTIME:	_____			STRAIGHT OVERTIME:	_____
		PREMIUM OVERTIME:	_____			PREMIUM OVERTIME:	_____
		TOTAL HOURS IN WEEK 1:	_____			TOTAL HOURS IN WEEK 2:	_____
TOTAL HOURS FOR THE TWO WEEK PERIOD:							_____

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_