

**Dale Bumpers College of Agricultural, Food and Life Sciences  
Arkansas Agricultural Experiment Station**

**SEMI-MONTHLY TIME SHEET  
For Non-Appointed Employees**

\_\_\_\_\_  
Full Name                                  Employee ID#                                  Department                                  Cost Center Number

Supervisor \_\_\_\_\_ For the pay period beginning \_\_\_\_\_ and ending \_\_\_\_\_

Work Period			Total Hours
Date	From	To	

Total Hours Worked

Work Period			Total Hours
Date	From	To	

Total Hours Worked

Work Period			Total Hours
Date	From	To	

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.

OFFICE USE ONLY					
ST Hours	_____	Rate per hour	_____	Amount Due	_____
OT Hours	_____	Rate per hour	_____	Amount Due	_____

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Time sheets without supervisor signatures will not be processed until signed. Signed Time sheets are due to the department by 5:00PM on the due date. Please check with department for a list of due dates.