

STATE OF HAWAII INDIVIDUAL TIME SHEET

DEPARTMENT		SUB-DIVISION OR SCHOOL			PAYROLL NO.	BU CODE
FORM	SOCIAL SECURITY NO.	POSITION NO.	HOURLY RATE	EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)		

ENTER MONTH CODE
IN APPLICABLE HALF

SPECIAL INSTRUCTIONS:

1. This time sheet must be completed in hours, except for stand by days.
2. Time for days meetings, drills, etc. must be reported on Organizational TimeSheet, State Accounting Form D 56.

FIRST HALF	2ND HALF	TIME		HOURS							REMARKS
		STARTED	ENDED	REGULAR TIME	ORDINARY OVERTIME	HOLIDAY OVERTIME	SPLIT SHIFT		NIGHT DIFFERENTIAL		
				B	O	P	E	D	N	S	
1	16										
2	17										
3	18										
4	19										
5	20										
6	21										
7	22										
8	23										
9	24										
10	25										
11	26										
12	27										
13	28										
14	29										
15	30										
	31										
TOTALS											COMBINED TOTAL TIME
INDICATE ACTUAL HOURS EMPLOYEE CHOOSES TO ELECT AS COMPENSATORY TIME IN LIEU OF CASH PAYMENT											TOTAL COMPENSATORY TIME
				B	O	P	E	D	N	S	

40	41-43	44	45-47	48-51	52-55	56-58	59-62	63	64-69	I CERTIFY THAT THE TIME CLAIMED ABOVE IS CORRECT. NO OTHER CLAIM HAS BEEN MADE OR WILL BE MADE FOR THE ABOVE PERIOD. IT IS MUTUALLY AGREED THAT THE EMPLOYEE WILL RECEIVE PAYMENT OR TIME OFF AS INDICATED ABOVE.	
UNIFORM ACCOUNTING CODE											
F	YR	APPRN	D	Sub. Div.	OBJECT	Function	LOC	PROJECT	ENC		PERCENT
										DATE	SIGNATURE OF EMPLOYEE
										DATE	SIGNATURE OF DEPARTMENT HEAD