



University Human Resources

| NE Telecommuting Time Sheet  |                          |                      |         |   |
|------------------------------|--------------------------|----------------------|---------|---|
| *** HOURS WORKED***          |                          |                      |         |   |
| Telecommuting Employee Name: |                          |                      |         |   |
| Supervisor:                  |                          |                      |         |   |
| Department:                  |                          |                      |         |   |
| Workweek designation:        | (enter 35 or 37.5 or 40) | Fulltime percentage: |         | (if regular appointment enter 100%)   |
| Average Daily hours:         | hours/day                |                      |         |   |
| DATE:                        |                          |                      |         |   |
| Start of Work Day:           |                          |                      |         |   |
| Break Start:                 |                          |                      |         |   |
| Break Finish:                |                          |                      |         |   |
| End of Work Day:             |                          |                      |         |   |
| Activity                     | Time Started             | Time Finished        | Minutes | Additional Details<br><i>Must be completed for all activities over 15 minutes</i> |
|                              |                          |                      |         |   |
|                              |                          |                      |         |   |
|                              |                          |                      |         |   |
|                              |                          |                      |         |   |
|                              |                          |                      |         |   |
|                              |                          |                      |         |   |

I certify that the information provided on this time sheet is accurate and complete and being kept in accordance with University Policy [60.3.14 Overtime/Comp Time for Regularly Appointed Staff](#) as well as [University policy 60.9.33 Exempt and Non-Exempt Position Classification](#).

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date