

Dual Employment Time Sheet



Legend: solid color = to be completed by employee.
 In and out times to be completed by hourly employees only
 dot pattern = calculated fields (no need to enter data)

BIWEEKLY HOURLY TIME SHEET

EMPLOYEE NAME _____ PAY PERIOD NO. 20 PAY PERIOD DATES 9/27/09 to 10/10/09

WEEK ONE

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	NO. REG. HOURS WORKED	NO. OVERTIME HOURS WORKED	NO. HOURS HOLIDAY	ANNUAL LEAVE USED	SICK LEAVE USED	OTHER LEAVE*
Sunday	10/10/09										
Monday	10/11/09										
Tuesday	10/12/09										
Wednesday	10/13/09										
Thursday	10/14/09										
Friday	10/15/09										
Saturday	10/16/09										
WEEKLY TOTALS						0.00	0.00	0.00	0.00	0.00	0.00

WEEK TWO

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	NO. REG. HOURS WORKED	NO. OVERTIME HOURS WORKED	NO. HOURS HOLIDAY	ANNUAL LEAVE USED	SICK LEAVE USED	OTHER LEAVE*
Sunday	10/17/09										
Monday	10/18/09										
Tuesday	10/19/09										
Wednesday	10/20/09										
Thursday	10/21/09										
Friday	10/22/09										
Saturday	10/23/09										
WEEKLY TOTALS						0.00	0.00	0.00	0.00	0.00	0.00
BIWEEKLY TOTALS						0.00	0.00	0.00	0.00	0.00	0.00

NOTE: It is a violation of federal law for VA Employees to work for NCIRE during their VA tour of duty

I certify that the hours and effort reporting on this timesheet are correct, and I understand that submitting a false timesheet is against NCIRE policy, is a violation of law and to do so is grounds for disciplinary action, up to and including immediate termination of employment.

Project	%	Project	%	Project	%	Project	%	Project	%	Project	%
EMPLOYEE'S SIGNATURE _____ Ext. _____											

I certify that the assigned project time and effort as stated on the New Hire Data Sheet or on the Personnel Action Notice has not changed and is a true and accurate representation of the time and effort for this employee.

SUPERVISOR'S SIGNATURE _____ Ext. _____
 Non-exempt (hourly) employees who plan to work more than 8 hours per day (or 40 hours per week) must receive authorization from their PI or Manager in advance due to overtime regulations.

*Other Leave column denotes leave such as Bereavement Leave, Jury Duty, etc. See NCIRE HR Manual for further details



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WEEK TWO

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EMPLOYEE'S SIGNATURE _____		Ext. _____	
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This timesheet is required to prevent dual compensation and conflict of interest issues for all employees receiving any percentage of their salary from the Northern California Institute for Research and Education (NCIRE) while employed by the San Francisco Veterans Affairs Medical Center (SFVAMC) as outlined in 5b sections, 7361 through 7368, VHA Handbook.

By signing above you are certifying that your working hours for NCIRE and the SFVAMC do not conflict or overlap

TIME SHEETS ARE DUE BY 10:00 am ON THE LAST FRIDAY OF THE PAY PERIOD
 Drop off at NCIRE (BUILDING 14) or FAX TO (415) 750-9358

*Other Leave column denotes leave such as Bereavement Leave, Jury Duty, etc. See NCIRE HR Manual for further details