

Employee Name (please print)				Assignment Department			
Employee SAP #				Hourly Rate of Pay			
Day	Date	Time Started	Out for Lunch	In from Lunch	Time Finished	Total Time Worked	
Sun							
Mon							
Tues							
Wed							
Thus							
Fri							
Sat							
Total Week 1							
Sun							
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							
Total Week 2							
Total hours worked this pay period							

UAMS U-TEMPS Clocking Exception Form

Phone (501) 686-6562
Fax (501) 526-7626
Intra-mail #566

I certify that the hours shown were worked by me during the pay period indicated. I understand I am to contact UAMS TEMPS after completing the assignment. I also understand that this timesheet must be delivered to U-TEMPS by **4:30 p.m. on the last Friday of the pay period.**

Employee Signature _____ Date _____

I hereby certify the information submitted by the employee is correct.

Department Head's Signature _____ Date _____

Account # to be billed _____ Intra-mail # _____

Please return the white top sheet to U-TEMPS
For more information about U-TEMPS:
www.uams.edu/ohr/employment