



UNIVERSITY OF MASSACHUSETTS BOSTON DEPARTMENT OF HUMAN RESOURCES

**(WTS - EX) WEEKLY TIME SHEET – EXCEPTION REPORTING**

First Name	Middle Name	Last Name	Employee ID**	Record #**
Department Name		Department ID		

Check Appropriate Action:

Hours Used      Time Never Submitted      Correct Previously Recorded Time      Additional Hours Worked:  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      Compensatory Time      Overtime

Enter the Employee information for week ending: \_\_\_\_\_

Sun.*	Mon.*	Tue.*	Wed.	Thur.*	Fri.*	Sat.*	Total Reported Hours*	Time Reporting Code	HR Combo Code**
_____	_____	_____	_____	_____	_____	_____			

If Correction report the hours below:

Sun.*	Mon.*	Tue.*	Wed.	Thur.*	Fri.*	Sat.*	Total Reported Hours*	Time Reporting Code	HR Combo Code**
_____	_____	_____	_____	_____	_____	_____			

\*Report time in decimals.

\*\*The correct Employment Record Number, Time Reporting Code (TRC) and HR Combo Code must be entered otherwise it could delay payment.

Timekeeper: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Department Head/Supervisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_