

Name : _____

Program # _____

Employee # _____

PLEASE PRINT

DAY	DATE	Normal Working Hours	Actual Working Hours	Hours Worked	Sick Leave	Annual Leave	Holiday	Other	Total Hours To Pay	ALLOCATION OF HOURS					TOTAL
MON.															
TUE															
WED.															
THUR															
FRI															
SAT															
SUN															
TOTAL															

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MON.															
TUE															
WED.															
THUR															
FRI															
SAT															
SUN															
TOTAL															

- * Complete in ink
- * Overtime is not allowed unless authorized in writing by your immediate supervisor.
- * Comp. Time may be taken within the same pay period if approved in advance by your immediate supervisor
- * This time sheet will NOT be processed unless it is completed correctly & signed by both the employee & supervisor
- * Sheets received after the Monday following the pay period will not be processed until the following pay period.

This time sheet is accurate & complete. I understand that false information is reason for immediate dismissal.

Employee Signature

Supervisor's Signature

FOR PAYROLL DEPARTMENT USE ONLY--PLEASE DO NOT WRITE IN THIS SPACE

REGULAR HOURS	_____
SICK HOURS	_____
VACATION HOURS	_____
HOLIDAY HOURS	_____
OTHER HOURS	_____
TOTAL HOURS	_____