

FILE NO.	NAME (FIRST)	(LAST)
DEPARTMENT		
PAY PERIOD ENDING DATE		

Filed out of payroll

Instructions:

1. Fill in times accurately **WITH NO ROUNDING**.
2. Obtain supervisor's signature and turn to payroll on the last day of the pay period.
3. Timesheets will NOT be accepted after 12:00 p.m. on Friday.

WEEK 1

DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS/MINUTES	REMARKS
SAT.								
SUN.								
MON.	11:00					3:00	4	
TUE.	11:00					3:00	4	
WED.	11:00					3:00	4	
THU.	11:00					3:00	4	
FRI.	11:00					3:00	4	

WEEK 1 Distribution of Hours:

REG.	O/T	DBL.	SICK	VAC.	PERS.	HOLID.	BERV.	TOTAL
20								20

WEEK 2

DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS/MINUTES	REMARKS
SAT.								
SUN.								
MON.	11:00					3:00	4	
TUE.	11:00					3:00	4	
WED.	11:00						3	1 hr. doctor
THU.	11:00					3:00	4	
FRI.	11:00					3:00	4	

WEEK 2 Distribution of Hours:

REG.	O/T	DBL.	SICK	VAC.	PERS.	HOLID.	BERV.	TOTAL
19								19

GRAND TOTAL - BOTH WEEKS

REG.	O/T	DBL.	SICK	VAC.	PERS.	HOLID.	BERV.	2 WK. TOTAL
39								39

We hereby certify that this timesheet is a true statement of the hours worked:

EMPLOYEE: ***

Need signature

***Fill-in times worked accurately with no rounding.

SUPERVISOR:

Need signature

For PAYROLL use only, do not write below this line.

----- Pay Period Distribution Totals: -----

REG. HRS.	O/T HRS.	HRS. 3 - DBL.	HRS. 4 -SICK	HRS. 4 -VAC.	HRS. 4 -PERS.	HRS. 4 -BRV/HOL.	EARN. 3 OTHER MISC.	GRAND TOTAL