

# TIME SHEET

Department: \_\_\_\_\_

Employee: \_\_\_\_\_

Date of Pay Period: \_\_\_\_\_ thru \_\_\_\_\_

DAY	DATE	HOURS WRKD	A/L	S/L	COMP.	HOLIDAY
Tuesday						
Wed.						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wed.						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
<b>TOTAL</b>		0	-	-		0

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
DATE