

## **Time Sheet**

This sheet must be filled out and signed by employee.

All notations should be made in ink and any corrections must be initialed by the employee and supervisor.

This form must be received in payroll by 10:00 am on

All overtime must be pre-approved.

Employee Name \_\_\_\_\_\_ Department \_\_\_\_\_\_

Morning		Afternoon		Total Hours							Total
				Regular	Overtime	ОТ	Sick	Vacation	Holiday	Personal	
In	Out	In	Out	Hours	Hours	Apprv	Hours	Hours	Hours	Hours	Hours
					InOutInOutRegular HoursInOutInInInInOutIn	InOutInOutRegular HoursOvertime HoursInOutInOutInInInInOutIn	InOutInOutRegular HoursOvertime ApprvOT ApprvInOutIn	InOutInOutRegular HoursOvertime HoursOT ApprvSick HoursInOutInHoursIn	InOutRegular HoursOvertime HoursOT ApprvSick HoursVacation HoursInOutInOutIn	InOutInOutRegular HoursOvertime HoursOT ApprvSick HoursVacation HoursHoliday HoursInOutInOutInApprvHoursNation HoursHoursHoursIn<	InOutInOutRegular HoursOvertime HoursOT ApprvSick HoursVacation HoursHoliday HoursPersonal HoursInOutIn

I certify this time sheet truthfully and accurately reflects all hours worked by me during the recorded period.

 Employee's Signature:
 Date:
 /\_/\_\_

 Supervisor's Signature:
 Date:
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