



Clarendon College

Unleash Your Potential

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		Regular Hours	Overtime Hours	OT Apprv	Total Hours				Total Hours
	In	Out	In	Out				Sick Hours	Vacation Hours	Holiday Hours	Personal Hours	
____/____/____												
____/____/____												
____/____/____												
____/____/____												
____/____/____												
____/____/____												
____/____/____												
____/____/____												
____/____/____												
Total Hours												

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: ____/____/____