

TIME SHEET

Month / Year _____

Day Date	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
In								
Out								
In								
Out								
Total ST								
Total OT								

Day Date	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
In								
Out								
In								
Out								
Total ST								
Total OT								

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Out								
In								
Out								
Total ST								
Total OT								

Account Number(s) _____

Total Straight-Time _____

Hours worked over scheduled time (MUST BE APPROVED IN ADVANCE)

Comp Time MUST be used within 30 days					Paid Time **	
Balance Fwd	Earned	Used	Conv to Paid	Balance	Regular Rate	Overtime Rate

** Please transfer info to Extra Duty form

Supervisor Approval ~ _____

Date ~ _____

*Reporting period is from the first of the calendar month to the last of the calendar month.
Time Sheets are due in the payroll office no later than the fifth (5th) of the following month for the preceding pay period.*

I certify that this is a true statement of hours worked

Name ~ _____

Signature ~ _____

SS # ~ _____

Date ~ _____