

# Employee Time Sheet

Name:  Employee ID#:  Location:  Payroll dates:  to  20

Employee Group:  Assignment:  Account Code(s):

Regular Hours					Additional Hours		Daily Total Hours		Assignment Comments
Date	IN	OUT	IN	OUT	IN	OUT	Regular	Additional	
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<b>Total:</b>							<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>

\* Please total hours.  
 \*1/2 hour lunch automatically deducted unless noted, approved, and initialed by Supervisor.  
 \***ABSENCES:** Please make sure a leave request form is filled out and approved by Supervisor for any time off during this pay period.

*By signing this document I attest the times recorded are true and correct hours worked.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_