Employee Time Sheet

Name:	Employee ID#:	Location:	Payroll Start Date:	Payroll End Date:	20

Employee Group:	Assignment Hours:	Account Code (s):

	Regular Hours				Additional Hours		Daily Total Hours		
Date	IN	OUT	IN	OUT	IN	OUT	Regular	Additional	Assignment Comments

Total:

*Please total your hours worked.

*__ABSENCES:__ Please make sure a leave request form is filled out and approved by Supervisor for any time off during this pay period.

Revised 12/23

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

Employee signature: _____ Date: _____ Supervisor signature: _____ Date: _____