

EMPLOYEE #: _____ NAME: _____
 MAILING ADDRESS: _____
 PAY PERIOD FROM: _____ TO _____

WORK PHONE: _____
 POSITION: _____

	Prgm ↓	SU	M	TU	W	TH	F	SA	WEEK TOTAL	SU	M	TU	W	TH	F	SA	WEEK TOTAL	TOTAL 2 WEEKS	
	Date →																		
Holiday	H																		
Vacation	V																		
Sick	S																		
TOTALS																			

PLEASE TOTAL EACH DAY, WEEK, AND TWO WEEKS
ALL TIME SHEETS MUST HAVE SUPERVISOR'S AND EMPLOYEE'S SIGNATURE BEFORE PAYMENT CAN BE MADE
ALL LEAVE MUST HAVE A SUPERVISOR-SIGNED "APPLICATION FOR LEAVE" ATTACHED

EMPLOYEE: _____ SUPERVISOR: _____
 DATE: _____ DATE: _____

Account Codes:
B = Bereavement
FH = Floating Holiday
L = Leave Without Pay
*AL = Admin. Leave

Below for Fiscal Only		
Straight Time Hours _____	Vacation _____	Accrued Vacation _____
Overtime 1-1/2 _____	Sick _____	Accrued Sick _____
Holiday _____	Salary or Gross _____	Dept. Code _____