

Job Title:

DATE		TIME IN	TIME OUT	P	Pr Dev	S	H	V	Reg. Hrs.	O.T. Hrs.	Total Reg. Hrs.	Total O.T. Hrs.
	Thursday										Week ONE	
	Friday											
	Saturday											
	Sunday											
	Monday											
	Tuesday											
	Wednesday											
	Thursday										Week TWO	
	Friday											
	Saturday											
	Sunday											
	Monday											
	Tuesday											
	Wednesday											

Timesheet must be filled out completely by the employee.

TOTAL HOURS SUBMITTED

Reg. Hrs.	O.T. Hrs.

I certify that the above is a true and accurate accounting of compensable time.

Date

Employee: _____
PRINT FULL NAME

Signature: _____
SIGN FULL NAME

Direct Supervisor Approval: _____

Date: _____