

Office of Human Resources

HOURLY EMPLOYEE TIMESHEET

Pay Date: _____

Name: _____

Title: _____

Phone No.: _____

Department: _____

Location: _____

Supervisor: _____

Status: _____

Timekeeper: _____

Day	Date	AM In	Lunch		PM Out	Hours Worked	Sick Leave	Annual Leave	Other Leave
			Out	In					
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Total for the Week									

Day	Date	AM In	Lunch		PM Out	Hours Worked	Sick Leave	Annual Leave	Other Leave
			Out	In					
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Total for the Week									

Employee Signature: _____

Timekeeper Signature: _____

Supervisor Signature: _____