

NAME: _____

PAYROLL TIME SHEET

ACCT #: _____

DEPT: _____

EXT: _____

CARS ID: _____

WEEK ENDING:		HOURS WORKED					BENEFIT HOURS		DAILY TOTAL HOURS
		IN	LUNCH OUT/IN	SPECIAL OUT/IN	OUT	TOTALS	CODE	HOURS	
DAY	DATE								
SUN									
MON									
TUE									
WED									
THU									
FRI									
SAT									
Total Hours This Week									

WEEK ENDING:		HOURS WORKED					BENEFIT HOURS		DAILY TOTAL HOURS
		IN	LUNCH OUT/IN	SPECIAL OUT/IN	OUT	TOTALS	CODE	HOURS	
DAY	DATE								
SUN									
MON									
TUE									
WED									
THU									
FRI									
SAT									
Total Hours This Week									
Two Week Total									
						Total Hours			

I CERTIFY THAT THE ABOVE HOURS ARE CORRECT:

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE

PLEASE NOTE:

1. TIME SHEETS MUST BE SUBMITTED TO THE PAYROLL OFFICE NO LATER THAN 9:30 am ON THE MONDAY FOLLOWING THE PAY PERIOD

ENDING DATE. (UNLESS OTHERWISE NOTED ON PAYROLL SCHEDULE). TIME SHEETS RECEIVED AFTER THE DEADLINE WILL BE

PROCESSED FOR THE NEXT SCHEDULED PAYROLL. PAYROLL FAX # 314-246-8237

DO NOT WRITE IN THIS AREA	
REG	
O/T	
VAC	
SL	
HOL	
PER	
JURY	
WEATHER	
OTHER	
TOTAL	