TIME SHEET

EMPLOYEE	NAME:							Time	Sheets a	re due to
ID#:		HOME DEPT:				Payroll by: Friday Oct 08th				
PAYROLL PERIOD:		FROM: TO:								
*OTHER COD	ES: V=VAC	ATION, P=PE	RSONAL, S=S	ICK. F≔F	INER A	I II±II	NIDAID	17D-11 A (~ A 1° E (
DAY	DATE	TIME IN		1.4	SS	TOT	AL			
Monday	DATE	THVIE IN	TIME OUT	r LUI	VCH_	HOU	RS	OTHER	C	OMMENTS
Tuesday	<u> </u>			-		-				
Wednesday	201-1-1					<u> </u>				
Thursday				 						
Friday		,		-				<u> </u>		<u>_</u>
Saturday			·				_		·	
		· -: 2 ·		SUBTO	TAL					
Monday			···			-				
Tuesday	-									
Wednesday									<u></u>	
Thursday	<u></u>	. .		<u> </u>					-	<u>-</u>
Friday			 -							
Saturday		·		- -	·				<u> </u>	
				SUBTO	TAL			-	<u> </u>	
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DEPT	REC	VAC	SICK	PERS	HOLI		OTHE	R TO	TOTAL	
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I CERTIFY TH	AT THIS IN	NFORMATIO	N IS CORREC	CT.	A	APPROV	VAL			
Employee Signa	iture	D	ate		S	upervis	or Signa	ture	Date	