

# TIMESHEET

Printed Name \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Week \_\_\_\_\_ (1 or 2)

Date	Time		Time		Time		24 hr. Shifts (x)	Total Hours Worked	Hours	Hours	Hours	Hours	Hours
	In	Out	In	Out	In	Out							
Explanation									Dept.	Dept.	Dept.	Dept.	Dept.
Explanation									Dept.	Dept.	Dept.	Dept.	Dept.
Explanation									Dept.	Dept.	Dept.	Dept.	Dept.
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Explanation									Dept.	Dept.	Dept.	Dept.	Dept.
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Explanation									Dept.	Dept.	Dept.	Dept.	Dept.
Explanation									Dept.	Dept.	Dept.	Dept.	Dept.

Dept. # \_\_\_\_\_

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TOTAL HOURS \_\_\_\_\_

Regular													
Overtime													
Paid Leave													
Vacation													
Personal Leave													
Jury Leave													
Holiday													
Funeral Leave													
Total Hours													
Shift Differential *													
Additional Pay													

Has your address or phone # changed? If yes, please complete a **Change of Employee's Personal Information** form .

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

