TIME SHEET

Pay Period:_____ to _____

Employee Name (Please Print):   **Emp. # (For HR Use Only)**

Department:

_____

Day	Date	In	Out	In	Out	Total
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUB-TOTAL						
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUB-TOTAL						
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUB-TOTAL						

TOTAL	

I certify that the hours shown hereon represent the total hours worked each week by me and were properly verified by my immediate supervisor.

_____   Date: ____/____/____
            Employee

_____   Date: ____/____/____
            Supervisor