

# Employee Time Sheet

Employee Name \_\_\_\_\_ ID# \_\_\_\_\_

First Week Ending Date \_\_\_\_\_ Department \_\_\_\_\_

**Position Number (Must be Listed)** \_\_\_\_\_

	Morning		Afternoon		Regular Hours
	Time In	Time Out	Time In	Time Out	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
<b>TOTAL</b>					

Second Week Ending Date \_\_\_\_\_

	Morning		Afternoon		Regular Hours
	Time In	Time Out	Time In	Time Out	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
<b>TOTAL</b>					

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

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

**NOTE: Supervisor MUST scan timesheet to Payroll.**  
**NOTE: Position Number MUST be listed on timesheet to be processed.**