

# WORK PERIOD 00/00/00 THRU 00/00/00

Dept Head  
Initials

DEPT 00

EMP #	EMPLOYEE NAME	M	T	W	T	F	S	S
0000	John Doe	/	/	/	/	/	/	/
		/	/	/	/	/	/	/
		M	T	W	T	F	S	S
0000	Jane Doe	/	/	/	/	/	/	/
		/	/	/	/	/	/	/

\*\*\* YOU ARE REQUIRED TO LIST ALL HOURS WORKED \*\*\*

\*\*\* EMPLOYEE MUST SIGN TIME SHEET BEFORE TURNING INTO PAYROLL DEPARTMENT \*\*\*

\*\*\* SIGNING IS YOUR ACKNOWLEDGMENT THAT ALL HOURS WORKED ARE REFLECTED WITH - NO

OFFICE USE ONLY			
R	O	S	V
H	CE / CT	J	E
/			
R	O	S	V
H	CE / CT	J	E
/			
R = Regular		H = Holiday	
O = Overtime		CE = Comp Time Earned	
S = Sick		CT = Comp Time Taken	
V = Vacation		E = Excused	