

Employee Name: _____

Location: _____

Pay Period: _____

Job Description: _____

Bd. Approved Hrs: _____

Day	MON	TUE	WED	THUR	FRI	SAT	SUN
Dates							
Start							
Out							
In							
Out							
In							
Out							
In							
End							
Adjust*							
Total							
Code**							

* Explain any adjustments:

Day	MON	TUE	WED	THUR	FRI	SAT	SUN
Dates							
Start							
Out							
In							
Out							
In							
Out							
In							
End							
Adjust*							
Total							
Code**							

**PAY
PERIOD
TOTAL**

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* Explain any adjustments:

****LEAVE CODES**

SL Personal Illness/Family Illness PL Personal JD Jury Duty VA Vacation CT Comp Time BR Bereavement
BD Birthday H Holiday PR Professional Leave X Leave Without Pay

As the employee, I hereby certify that the above hours reflect the time worked during this pay period and that I have not worked any additional or overtime hours which have not been reported. As the supervisor, I hereby certify that this timesheet is correct to the best of my knowledge.

Employee Signature: _____

Date: _____

Supervisor: _____