

SALARIED & HOURLY EMPLOYEE TIME SHEET

Date	#	Hours/Primary Account Number	#	Hours/Second Account Number	#	Hours/Third Account Number	Leave Time		Overtime (OT or CP) / Other Remarks
							Hrs	Code	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
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21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
TOTAL									

Month/Year: _____

Employee Name (Print): _____

Building _____

Employee Signature: _____

Supervisor
Signature _____

Social Security Number: XXX - XX - _____

(Last four digits)