

Hourly Employee Time Sheet

Name _____ Pay Period _____ to _____

Date	What/Where	Hours	Supervisor Initial
1			
2			
3			
4			
5			
6			
7			
8			
9			
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11			
12			
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22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Total Hours _____

I certify the above reported work hours are accurate.

Signed	Date
Approved By	Date
Audit By	Date

(Hours to be approved by immediate supervisor)

Time sheet due to Staff Adviser within 48 hours of service to avoid delays in pay.