

EMPLOYEE TIME RECORD

Name _____ Period Ending _____

Occupation _____ College _____ Dept. _____

DAY	IN	OUT	IN	OUT	Total Daily Hours	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Employee Signature _____	Total Hours _____	Date _____
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Approved By: _____	Title _____
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Vacation, sick leave, or holidays should be indicated under Remarks.
 This Time Sheet should be returned to your Supervisor on the last day of the pay period.
 Supervisors please send the completed and approved forms to the Payroll Department.