



PAYROLL TIMESHEET

MONTH/YEAR _____

15 min. = .25
 30 min. = .50
 45 min. = .75
 60 min = 1.00

RATE _____

NAME _____
Please Print

EMPLOYEE NUMBER EO _____

HOME BASE LOCATION _____

Please select one:

If substitute, please select one:

Date	# Hours/Mins	Time In	Time Out	Location worked (if different)	Work Performed	BUDGET CODE
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						

TOTAL HOURS

 Supervisor Signature Date

 Employee Signature Date

 Printed Name of Supervisor

**Please Note: Submit the original Time Sheet to the Payroll Dept.
 Payroll will only pay from the original form.**

 Budget Approval Signature Date

PLEASE SUBMIT TIMESHEET TO APPROVER
 IMMEDIATELY OR ON THE 1ST DAY OF THE MONTH.

 Printed Name of Budget Approval

MUST BE SIGNED BEFORE SUBMITTING

 ASB Officer Signature (if required)

 Printed Name of ASB Officer