



ADMINISTRATIVE PAYROLL  
NON-CONTRACT TIME SHEET

**\*\*TO AUTHENTICATE ORIGINALITY – PLEASE USE ONLY BLUE INK\*\*  
MUST BE HANDWRITTEN**

NAME & JOB TITLE \_\_\_\_\_  
 EMP. ID OR FULL SSN#: \_\_\_\_\_  
 TYPE OF SERVICE: \_\_\_\_\_  
 SITE/LOCATION: \_\_\_\_\_  
 PRIMARY POSITION: \_\_\_\_\_

DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL HOURS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rate: \$ \_\_\_\_\_ per hour x \_\_\_\_\_ hrs. Total Amount: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

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