

Employee Name _____ Account # _____

Employee Number _____ Position _____

Day of Week	Date	Time In	Time Out	Deduct Lunch	Time Earned			Time Taken				
					Regular Hrs.	Extra Time Hrs. *	Comp. Hrs. (+)	Comp. Hrs. (-)	PTO, Sick Hrs. (-)	Vacation, DBA Hrs. (-)	AESOP Confirmation Number or Comment	
							MESPA ONLY					
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Week 1 Totals												
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Week 2 Totals												
Grand Total												

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Timesheets are to be turned in to your building secretary