

TIME SHEET



Employee Name: _____ Title/Job: _____

Employee Number: _____ Building: _____

Account Code: _____ Grant Funded: Yes ___ No ___

Week 1

Date	Start Time	End Time	Regular Hours	Overtime Hours	Total Hours

Total

Week 2

Date	Start Time	End Time	Regular Hours	Overtime Hours	Total Hours

Total

Grand Total

Employee Signature: _____ Date: _____

Supervisor Printed Name: _____ Date: _____

Supervisor Signature: _____ Date: _____