

Please fill in all date slots even if no hours worked. This helps reduce errors.

Name of Employee
(As shown on Social Security Card)

Position(s)

Worksite/District/Location

Signature of Employee

Name of Supervisor

Signature of Supervisor

TOTAL HOURS BOTH WEEKS

0
0
0
0

Timesheets must be turned in to your
worksite supervisor on the **last day** that
you work in the pay period.

Please send timesheets to:

Email: payroll@gecs-inc.org

2026	DATE	Number of Hours Worked <u>Week 1</u>	DATE	Number of Hours Worked <u>Week 2</u>
Monday	6/8		6/15	
Tuesday	6/9		6/16	
Wednesday	6/10		6/17	
Thursday	6/11		6/18	
Friday	6/12		6/19	
Saturday	6/13		6/20	
Sunday	6/14		6/21	
	Total Week 1	0 0 0	Total Week 2	0 0 0

Time must be recorded in 1/10 hour increments (i.e. 6 minutes = 0.1)