



Hourly Time Sheets

Employee: _____

Dept.: _____

Location: _____

Position: _____

Work Week: ____/____/____

Mon.	Tues.	Wed.	Thurs.	Fri	Sat.	Sun.	Total	Remarks

Work Week: ____/____/____

Mon.	Tues.	Wed.	Thurs.	Fri	Sat.	Sun.	Total	Remarks

Work Week: ____/____/____

Mon.	Tues.	Wed.	Thurs.	Fri	Sat.	Sun.	Total	Remarks

Work Week: ____/____/____

Mon.	Tues.	Wed.	Thurs.	Fri	Sat.	Sun.	Total	Remarks

Work Week: ____/____/____

Mon.	Tues.	Wed.	Thurs.	Fri	Sat.	Sun.	Total	Remarks

Total Hours: _____

Employee Signature

Date

Hourly Rate: _____

Total Wages: _____

Supervisor Signature

Date

*** Timesheets must be submitted to front office support staff on the 1st of each month ***