



Employee's Legal Name: _____ ID #: _____ Location: _____

Job Description: _____ Pay Period End Date: _____

Budget Code: _____ Pay Rate: _____

Total Hours: _____ Type: Hours Days

Date	Start Time	End Time	Daily Hours	Brief Description of Work Completed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Date	Start Time	End Time	Daily Hours	Brief Description of Work Completed
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

By signing this timesheet, the employee and supervisor agree that the hours are accurate and correct. Please complete all areas of this form. A delay in payment may occur if your timesheet is sent back for missing information.

In addition to the employee information box, all timesheets must include:

- ⇒ date worked ⇒ specific start and end times
- ⇒ brief description of work completed
- ⇒ employee's signature ⇒ supervisor's signature

_____	Date
Employee Signature	
_____	Date
Supervisor Signature	