

# Time Sheet

Hourly/Daily Time Record for the Month of \_\_\_\_\_, 20\_\_\_\_

Position Title \_\_\_\_\_ Site/Dept. \_\_\_\_\_

Employee Name \_\_\_\_\_ SSN (last 4 numbers) \_\_\_\_\_

DATE	DESCRIPTION AND TYPE OF WORK PERFORMED	HOURS	DAYS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Total			

Employee's Signature \_\_\_\_\_

Administrative Approval \_\_\_\_\_

Accounting Dist. \_\_\_\_\_ Hrly/Lum \_\_\_\_\_