

SEMI-MONTHLY TIME SHEET

EMPLOYEE		TIME PERIOD REPORTED					
DAY	HOURS WORKED	VACATION LEAVE TAKEN	SICK LEAVE TAKEN	HOLIDAY HOURS	FUNERAL LEAVE TAKEN	JURY DUTY	TOTALS
1	16						
2	17						
3	18						
4	19						
5	20						
6	21						
7	22						
8	23						
9	24						
10	25						
11	26						
12	27						
13	28						
14	29						
15	30						
	31						
TOTAL							

By signing this, the employee is affirming that this is correct reporting of absences and hours worked. By approving this, the supervisor is affirming that the information is materially correct.

EMPLOYEE'S SIGNATURE

SUPERVISOR'S APPROVAL

SEMI-MONTHLY TIME SHEET

EMPLOYEE							TIME PERIOD REPORTED			
DAY	IN	OUT	IN	OUT	IN	OUT	HOURS WORKED	VACATION TAKEN	SICK TAKEN	HOLIDAY HOURS
1	16									
2	17									
3	18									
4	19									
5	20									
6	21									
7	22									
8	23									
9	24									
10	25									
11	26									
12	27									
13	28									
14	29									
15	30									
	31									
TOTAL										

By signing this, the employee is affirming that this is correct reporting of absences and hours worked. By approving this, the supervisor is affirming that the information is materially correct.

EMPLOYEE'S SIGNATURE

SUPERVISOR'S APPROVAL

BI-WEEKLY TIME SHEET

EMPLOYEE				TIME PERIOD REPORTED			
DAY	HOURS WORKED	VACATION LEAVE TAKEN	SICK LEAVE TAKEN	HOLIDAY HOURS	FUNERAL LEAVE TAKEN	JURY DUTY	TOTALS
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
TOTAL							

By signing this, the employee is affirming that this is correct reporting of absences and hours worked. By approving this, the supervisor is affirming that the information is materially correct.

EMPLOYEE'S SIGNATURE

SUPERVISOR'S APPROVAL

BI-WEEKLY TIME SHEET

EMPLOYEE							TIME PERIOD REPORTED			
DAY	IN	OUT	IN	OUT	IN	OUT	HOURS WORKED	VACATION TAKEN	SICK TAKEN	HOLIDAY HOURS
Sun										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Sun										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
TOTAL										

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EMPLOYEE'S SIGNATURE

SUPERVISOR'S APPROVAL