



# TIME SHEET FOR:

EMPLOYEE ID NUMBER: \_\_\_\_\_ NAME: \_\_\_\_\_ POSITION NUMBER and SUFFIX: \_\_\_\_\_

FACILITIES & THEATER EVENT: \_\_\_\_\_ TIME SHEET DEPARTMENT: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_

**OVERTIME IN WHITE AREA & COMP TIME / STRAIGHT TIME IN SHADED AREA.**

								OFFICE USE ONLY	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL	37.5 - 40	40+
COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME			
COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME			
COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME			
COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME			
COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME			
COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME			

OFFICE USE ONLY:  TOTAL COMP TIME: TOTAL OVERTIME:

EARNING: ONE-TIME OVERRIDE OF LABOR DIST	HOURS OR PERCENT	FUND	ORGN	ACCOUNT	PROGRAM	NOTES

I hereby certify that this time sheet correctly reflects all time worked by me during the pay period indicated.

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date