

Employee
TIME SHEET

Employing Unit: _____

Job title: _____

Employee's Name: _____

Banner ID #: _____ Last _____ First _____ Rate of Pay: _____

Pay Period: _____ From: _____ To: _____ 20_____

**REMINDER: AT BOTTOM
PLEASE INDICATE AM and/or PM IN YOUR HOURS**

WEEK	MONTH AND DATE	ARRIVED	LUNCH	DEPARTED	#OF HOURS WORKED
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

TOTAL HOURS—WEEK #1

WEEK	MONTH AND DATE	ARRIVED	LUNCH	DEPARTED	#OF HOURS WORKED
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

TOTAL HOURS—WEEK #2

TOTAL BI-WEEKLY HOURS WORKED:

Employee's Signature: _____ Date _____

Approved: _____ Date _____

UNIT SUPERVISOR

I certify the time worked as reported above is actual time worked and correct.

Approved: _____ Date _____

UNIT DIRECTOR

FOR OFFICE USE ONLY
Paid on register number:
