

EMPLOYEE NAME: _____
 EMPLOYEE NUMBER: _____ ASSIGNMENT NUMBER _____
 UNIT: _____
 POSITION TITLE: _____
 Payroll Year _____

Pay Period Begin Date: _____
 Pay Period End Date: _____

	Date	Time In	Time Out	Time In	Time Out	Time In	Time Out
SUNDAY							
Leave Taken/Type**							
MONDAY							
Leave Taken/Type**							
TUESDAY							
Leave Taken/Type**							
WEDNESDAY							
Leave Taken/Type**							
THURSDAY							
Leave Taken/Type**							
FRIDAY							
Leave Taken/Type**							
SATURDAY							
Leave Taken/Type**							
Total Sick Taken **							
Total Vacation Taken **							
Total Other Leave/Type**							
							TOTAL HOURS _____

**Benefit Eligible Employees Only

Employees Signature _____
 Date: _____
 Supervisor Signature _____
 Date: _____
 EBO Authorized Signature _____
 Date: _____

EBO USE ONLY:
 ENTERED BY _____
 DATE ENTERED _____

Original time sheet should be retained 4 years

