



TIME SHEET FOR:

ID: _____ NAME: _____

TIME SHEET DEPARTMENT: _____

POSITION: _____

FACILITIES & THEATER EVENT: _____

CONTRACT NO.: _____

ENTER HOURS FOR OVERTIME OR COMP TIME ONLY:

								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			

SUPERVISOR USE ONLY:

TOTAL COMP TIME:	TOTAL:
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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

COMP TIME IN SHADED AREA.