

Time Sheet

Employee name: _____

Last 4 Digits of SSN: _____

Manager name: _____

Hourly Rate: \$ -

*Week starting: _____

Department name: _____

Total Hours Worked: **0.00**

Week ending: _____

Charge Account #: _____

* Enter only the Week Starting Date. All other dates will automatically populate.

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		
Time In		Total		Total		Total		Total		Total		Total		Total	
Time Out		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
Break															
Time In		Total		Total		Total		Total		Total		Total		Total	Total Hours Scheduled
Time Out		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
Total	0.00		0.00		0.00		0.00		0.00		0.00		0.00		

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Total Hours Scheduled
Time In		Total		Total		Total		Total		Total		Total		Total	
Time Out		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
Break															
Time In		Total		Total		Total		Total		Total		Total		Total	
Time Out		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
Total	0.00		0.00		0.00		0.00		0.00		0.00		0.00		

Comments

I hereby certify that the above is a true statement of the hours worked by this person and that this person has performed the assigned job in a satisfactory manner.

Employee signature

Date

Manager signature

Date

Note: No Student can work more than 15 hours in one week while classes are in session.