

PAYROLL TIMESHEET

MONTH/YEAR _____ 15 min. = .25
 30 min. = .50
 45 min. = .75
 60 min = 1.00

RATE _____

NAME _____
 Please Print

EMPLOYEE NUMBER **E0** _____

HOME BASE LOCATION _____

Please select one:

If substitute, please select one:

Date	# Hours/Mins	Time In	Time Out	Location worked (if different)	Work Performed	BUDGET CODE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

TOTAL HOURS

 Employee Signature Date

 Supervisor Signature Date

 Printed Name of Supervisor

**Please Note: Submit the original Time Sheet to the Payroll Dept.
 Payroll will only pay from the original form.**

 Budget Approval Signature Date

**PLEASE SUBMIT TIMESHEET TO APPROVER
 IMMEDIATELY OR ON THE 1ST DAY OF THE MONTH.**

 Printed Name of Budget Approval
MUST BE SIGNED BEFORE SUBMITTING

 ASB Officer Signature (if required)