



Henderson Knox Mercer Warren ROE #33
EMPLOYEE TIME & EFFORT FORM

Indicate Program: _____

Employee _____

Pay Period End _____

WEEK DAY	DATE	LEAVE CODE	START TIME	LUNCH OUT	LUNCH IN	END TIME	TOTAL HOURS
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

WEEK 1 TOTAL HOURS

WEEK DAY	DATE	LEAVE CODE	START TIME	LUNCH OUT	LUNCH IN	END TIME	TOTAL HOURS
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

WEEK 2 TOTAL HOURS

MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

WEEK 3 TOTAL HOURS

For employees eligible for paid time-off use the following codes: S-Sick P-Personal V-Vacation H-Holiday B-Bereavement

I certify that this time sheet truthfully and accurately reflects all hours worked during the recorded period.

Employee Signature

Date

Supervisor Signature

Date

Regular Pay Hours TOTAL HOURS

FOR PAYROLL USE

<u>Regular Hours</u>	<u>Total Hours</u>
----------------------	--------------------