



CLASSIFIED EMPLOYEE TIME SHEET

Employee Name: _____ Title: _____

Department/Building: _____ Supervisor: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Weekly Totals				

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

All time sheets must be signed and approved by the administrator/supervisor. Time sheets are due to the payroll office for all hourly employees on or before the specified due date on the payroll calendar.