EMPLOYEE TIME REPORTING WORKSHEET

Organization or Department Name: _____ Pay Period:

Name: _____ From: Supervisor Signature: _____

Employee Signature: _____ Through: Timekeeper Signature (Optional): _____

	WEEK 1								WEEK 2								PAY PERIOD TOTAL		
	SUN	MON	TUE	WED	THU	FRI	SAT	WEEK TOTAL	SUN	MON	TUE	WED	THU	FRI	SAT	WEEK TOTAL		ACCOUNT CODE	ABC ACTIVITY CODE
Work Schedule																			
PAY CODE	SUN	MON	TUE	WED	THU	FRI	SAT		SUN	MON	TUE	WED	THU	FRI	SAT				
Total Hours																			
DATE								Time								Time	NOTES:		
Record								**From**								**From**			
Leave								**To**								**To**			
Record								**From**								**From**			
Overtime								**To**								**To**			
INITIALS																			