ACD/BIS TIMESHEET

EMPLOYEE NAME _____ PAY PERIOD/MONTH _____

DATE	TIME IN	TIME OUT	TOTAL	DEPT. CODE	EMT ONLY	COURSE/CLASS/PROJECT CODE
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	
					☐ Lab ☐ Preceptor ☐ Class	

DEPT. CODES:	ACD	BIS	EMT	EMS	FAC	ALS	SAFETY	FIRE TRNG.	CPAT	FIRE MAINT	BLDG. MAINT
TOTAL PROGRAM	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

TOTAL HRS. _____ x PAY RATE _____ TOTAL PAY _____

EMPLOYEE SIGNATURE _____ SUPERVISOR SIGNATURE _____

PO# _____	PO# _____	PO# _____	PO# _____	PO# _____
HOURS _____	HOURS _____	HOURS _____	HOURS _____	HOURS _____