

TIME SHEET B

Employee: _____

Program: _____

Pay Period Beginning: _____

Pay Period Ending: _____

WK	DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL	WKLY TTL
1	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
2	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
3	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
4	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
5	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
TOTAL HOURS FOR MONTH								

Employee Signature: _____

Date: _____

Supervisor's Signature: _____