

TIME SHEET

_____ Community Council

Employee: _____

Code: _____

Pay Period From: _____

To: _____

Week One

Day	Date	Hours	OT	OE	Reason for Overtime Earned
Sat					
Sun					
Mon					
Tues					
Wed					
Thur					
Fri					

Week Two

Day	Date	Hours	OT	OE	Reason for Overtime Earned
Sat					
Sun					
Mon					
Tues					
Wed					
Thur					
Fri					

Total Hours									
Illness			Overtime				Vacation		
Earned	Used	Balance	Worked	Previous	Taken	Balance	Credit	Taken	Balance

Prepared By _____

Approved By _____