

HOURLY TIME SHEET

*Use Either Black or Blue Ink When Filling Out the Paper Time Sheet.

Payroll Id:	Payroll No:	Pay Period: Job Title:	Pay Day:	Due Date: 01-Jan-00

Check if timesheet is no longer needed.

NAME		ID NU	JMBER F	OSITION	EFFECTIVE DA	TE EMI	PLOYEE CLAS	S	HOME ORGA	NIZATION	
EARNINGS CODE DESCRIPTION	EARN CODE	RATE	TOTAL HOURS							LABOR DISTRIBUTION	LABOR DISTRIBUTIO OVERRIDE
EARNINGS CODE DESCRIPTION	EARN CODE	RATE	TOTAL HOURS							LABOR DISTRIBUTION	LABOR DISTRIBUTIO OVERRIDE
TOTAL HOURS	S EOD DAY D	ERIOD>			TOTAL HOURS F		NOD.				
TOTAL HOURS	J OK FAT FI	-11100		_	TOTAL HOURS FO	OK FAT PER	(IOD				

I hereby certify that this time report correctly reflects all time worked by me for the pay period indicated.

Employee Signature ______ Date ______

Supervisor's Signature ______ Date ______