

Clerical Time Sheet

Name _____

First Week Ending ___/___/___
(Saturday to Friday)

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Regular						0
Vacation						0
Holiday						0
Sick Leave						0
Personal Leave						0
Non-paid Leave						0
Weekly Total:						0

Second Week Ending ___/___/___
(Saturday to Friday)

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Regular						0
Holiday						0
Vacation						0
Sick Leave						0
Personal Leave						0
Non-paid Leave						0
Weekly Total:						0

Bi-Weekly Total: **0**

Supervisor's Signature

Employee's Signature

Procedures for filling out time sheets:

- 1) Record the number of hours worked per day in the appropriate box.
- 2) The time sheet should be completely filled out and signed by you.
Time sheet forms will be available in the Main Office & Business Office.
- 3) At the end of a 2 week pay period the time sheet should be submitted to your supervisor for approval.