



Timesheet from _____ to _____

Employee Name _____

All pay periods run from the 1st - 15th and the 16th - last day of month. A timesheet **must be submitted** for the time worked at the end of that cut off period.

Date	Hours worked if less than 8 or D for day rate pay	Date	Hours worked if less than 8 or D for day rate pay
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	

Total hours for period: _____

Employee signature: _____

Supervisor's signature: _____