LAST: _____ **FIRST:** _____ **PAY PERIOD:** _____ **to** _____

FOR OFFICE USE ONLY: **POSITION:** **SUBSTITUTE** **DEPARTMENT:** **REGULAR EMPLOYEE? No**

NOTE: EACH DAY WORKED MUST HAVE AN AUTHORIZED SIGNATURE AND LOCATION/REASON INFORMATION COMPLETED BEFORE HOURS WILL BE PAID.

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORKED
S						
M						
T						
W						
T						
F						
S						
					WEEK 1 TOTAL	

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORKED
S						
M						
T						
W						
T						
F						
S						
					WEEK 2 TOTAL	

PAYROLL PERIOD TOTALS

Project	Location / Center	Reason or Person Substituting For	Authorized Signature

Project	Location / Center	Reason or Person Substituting For	Authorized Signature

I understand that if I am a non-exempt employee I may not take Agency/Program work home to be done "on my own time" or work overtime without the express approval of my supervisor. I further understand that if I do take work home, Agency policy requires the time to be accurately recorded on my time sheet as hours worked. I further understand that I must have specific approval for each and every day or instance I request or am requested to take work home or work overtime.

PROGRAM SIGNATURE

EMPLOYEE'S SIGNATURE