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

FOR OFFICE USE ONLY: **POSITION:** **SUBSTITUTE** **DEPARTMENT:** _____ **REGULAR EMPLOYEE?** ____

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	01/09/05					
M	01/10/05					
T	01/11/05					
W	01/12/05					
T	01/13/05					
F	01/14/05					
S	01/15/05					
					WEEK 1 TOTAL	

Project	Location / Center	Reason or Person Substituting For	Authorized Signature

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORKED
S	01/16/05					
M	01/17/05					
T	01/18/05					
W	01/19/05					
T	01/20/05					
F	01/21/05					
S	01/22/05					
					WEEK 2 TOTAL	

Project	Location / Center	Reason or Person Substituting For	Authorized Signature

PAYROLL PERIOD TOTALS _____

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

PROGRAM SIGNATURE

EMPLOYEE'S SIGNATURE

be
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ach