

WAGE EMPLOYEE TIME SHEET

Employee Name: Brandon Amos

ID Number: 1234-56789

- | | | | | | |
|----------------|---------------|-------------------------------------|----------------|---------------|--------------------------|
| Pay period #1 | 12/16 – 12/31 | <input type="checkbox"/> | Pay period #13 | 06/16 – 06/30 | <input type="checkbox"/> |
| Pay period #2 | 01/01 – 01/15 | <input type="checkbox"/> | Pay period #14 | 07/01 – 07/15 | <input type="checkbox"/> |
| Pay period #3 | 01/16 – 01/31 | <input type="checkbox"/> | Pay period #15 | 07/16 – 07/31 | <input type="checkbox"/> |
| Pay period #4 | 02/01 – 02/15 | <input checked="" type="checkbox"/> | Pay period #16 | 08/01 – 08/15 | <input type="checkbox"/> |
| Pay period #5 | 02/16 – 02/28 | <input type="checkbox"/> | Pay period #17 | 08/16 – 08/31 | <input type="checkbox"/> |
| Pay period #6 | 03/01 – 03/15 | <input type="checkbox"/> | Pay period #18 | 09/01 – 09/15 | <input type="checkbox"/> |
| Pay period #7 | 03/16 – 03/31 | <input type="checkbox"/> | Pay period #19 | 09/16 – 09/30 | <input type="checkbox"/> |
| Pay period #8 | 04/01 – 04/15 | <input type="checkbox"/> | Pay period #20 | 10/01 – 10/15 | <input type="checkbox"/> |
| Pay period #9 | 04/16 – 04/30 | <input type="checkbox"/> | Pay period #21 | 10/16 – 10/31 | <input type="checkbox"/> |
| Pay period #10 | 05/01 – 05/15 | <input type="checkbox"/> | Pay period #22 | 11/01 – 11/15 | <input type="checkbox"/> |
| Pay period #11 | 05/16 – 05/31 | <input type="checkbox"/> | Pay period #23 | 11/16 – 11/30 | <input type="checkbox"/> |
| Pay period #12 | 06/01 – 06/15 | <input type="checkbox"/> | Pay period #24 | 12/01 – 12/15 | <input type="checkbox"/> |

YEAR: 2013

Begin Date	End Date	Sat	Sun	Mon	Tue	Wed	Thur	Fri	TOTAL	Signature of Employee	Initials of Supervisor
02/01	02/01							1.25	1.25	<i>Signature!</i>	
02/02	02/08	8.75	5.00	0.50	1.00	1.00	1.50	0.00	17.75	<i>Signature!</i>	
02/09	02/15	2.00	3.50	4.50	0.00	0.00	1.50	1.25	12.75	<i>Signature!</i>	
TOTAL HOURS									31.75		

Hours Certified By:

Signature!

February 16, 2013

Employee Signature

Date

Supervisor Signature

Date

THIS FORM MUST BE RETURNED NO LATER THAN NOON ON THE 1ST AND 16TH OF EACH MONTH.
Time records submitted after these deadlines will not be processed until the next pay period.

ENTERED BY _____ DATE _____