



PERSONNEL TIME SHEET

Name: _____ Employee Number: _____

Full-Time: Part-Time: Professional Personnel: Service Personnel:

Address: _____

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	EXAMPLE:		Date	14
			Put number of hours worked in each box. If not working an entire day, put number of hours worked and number hours of leave in the box (designate leave type). Overtime is not allowed without prior approval.			

Month/Year: _____ Total Hours Worked: _____

Signed: _____ Approved: _____
(Employee) (Director/Site Coordinator)

(SESC Chief Administrator)

Budget Account Code: _____