

Please Return To:

EMPLOYEE TIME SHEET

PLEASE PRINT

I am a sub (check box)

SF Job No. _____

ID Number _____ (Mandatory) **Job Title** _____ **Location** _____

Name (Last,First) _____ **Rate** _____ **Pay Period Ending** _____

	WEEK ONE							WEEK TWO								
	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Date (mm/dd)																
Regular Scheduled Hours Worked																
Add'l Hours (Explain below)*																
Absent Hours (Requires Reason Code)																
Reason Code (Choose from below)																
TOTAL HOURS PAID																
(Week One Total Hours + Week Two Total Hours =) PAY PERIOD TOTAL HOURS																

*NOTES / Explain Add'l Hours _____ Budget Code _____

Employee Signature _____ Date _____ Supervisor Signature _____ Date _____

REASON CODES

Reason	Code	Reason	Code	Reason	Code	Reason	Code
Illness - Personal/Medical Appointment	312	Holiday	210	Leave Without Pay (HR Approved)	380	Military Leave	330
Illness - Child	376	Professional Leave (Pre-approved)	325	School Closing/Snow Day (Per Contract)	350	Union Business	360
Illness - Family	375	Personal Leave (From Balance - HR Approved)	328	Late Start (Per Contract)	352	Workers' Comp	400
Vacation	302	Death in Family (Per Contract)	370	Jury Duty	340		

PAYROLL USE ONLY