

TIMESHEET FOR ADDITIONAL PAY/ABSENCES

NAME _____ SCHOOL/DEPT _____ MONTH _____

<u>DATE</u>	<u>HRS</u>	<u>DESCRIPTION</u>	<u>DATE</u>	<u>ABSENT HRS</u>	<u>REASON</u>
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
13			13		
14			14		
15			15		
16			16		
17			17		
18			18		
19			19		
20			20		
21			21		
22			22		
23			23		
24			24		
25			25		
26			26		
27			27		
28			28		
29			29		
30			30		
31			31		

I certify the above is an accurate record of the time worked or absence during this period.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Account Code		Hrs.		X rate	\$	Total	\$
Account Code		Hrs.		X rate	\$	Total	\$
Account Code		Hrs.		X rate	\$	Total	\$
Account Code		Hrs.		X rate	\$	Total	\$
Account Code		Hrs.		X rate	\$	Total	\$
Account Code		Hrs.		X rate	\$	Total	\$
Account Code		Hrs.		X rate	\$	Total	\$

GRAND TOTAL \$