TIMESHEET

ID _____ Name _____

Signature _____/_____

Timekeeper: _____ - _____ Supv Sign _____/_____

Adjustment To Prior Period

Day	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
Reg Hrs																															
Absence																															
Overtime																															

	Sick Leave	Vacation	Reg. Hrs	Straight OT	Prem OT	Other Hrs - Code		Period	Cyc	Index	Fund	Sub	Title	Rate	H/M	RA	WSP
Curr/Adj																	
Curr/Adj																	
Curr/Adj																	
Curr/Adj																	
Curr/Adj																	

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