

TIMESHEET

ID _____ Name _____

Period: _____

Timekeeper: _____ - _____

I hereby certify that this work was performed in a satisfactory manner.

Signature _____ / _____

Supv Sign _____ / _____

																Adjustment To Prior Period					
Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Day					
Reg Hrs																	Reg Hrs				
Absence																	Absence				
Overtime																	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																					
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