Your Agency Logo Here

Employee Name: _____

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS	DAYS Type (PTO, SL,HOL, LWOP)
								0:00	
Friday	1/1							0:00	
Saturday	1/2							0:00	
Sunday	1/3							0:00	
Monday	1/4							0:00	
Tuesday	1/5							0:00	
Wednesday	1/6							0:00	
Thursday	1/7							0:00	
Friday	1/8							0:00	
Saturday	1/9							0:00	
Sunday	1/10							0:00	
Monday	1/11							0:00	
Tuesday	1/12							0:00	
Wednesday	1/13							0:00	
Thursday	1/14							0:00	
Friday	1/15							0:00	
								0:00	
								0:00	
							Total Hours	0:00:00	
									% To

***PTO - Paid Time Off**

***HOL - Holiday**

*** LWOP - Leave Without Pay**

Emplo

Pay Period: Jan 1 **to**

S OFF								
Hours	Grant Assignment and Program Name	Grant Assignment and Program Name	Grant Assignment and Program Name	Grant Assignment and Program Name	Grant Assignment and Program Name	Grant Assignment and Program Name	Grant Assignment and Program Name	Grant Assignment and Program Name
0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
otals	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Employee Signature

Supervisor Signture

yee Timesheet 2010

Jan 15

General Administration	Total Daily Hours	Yes/No Travel Day? (either on an errand or out of town)
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
0.00	0.00	
#DIV/0!	#DIV/0!	

Date

Date