

EMPLOYEE NAME: _____ PERSONNEL NUMBER: _____

EMPLOYEE SIGNATURE: _____ DATE: _____ PAY PERIOD END DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

PLEASE USE MILITARY TIME

1ST WEEK	SATURDAY		SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	Date		Date		Date		Date		Date		Date		Date	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To
AM Start Time														
Lunch Break														
PM Start Time														
Comp/O/T IN/OUT														
Comp/O/T IN/OUT														

Week #2 Total Hours Worked _____

2ND WEEK	SATURDAY		SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	Date		Date		Date		Date		Date		Date		Date	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To
AM Start Time														
Lunch Break														
PM Start Time														
Comp/O/T IN/OUT														
Comp/O/T IN/OUT														

Week #2 Total Hours Worked _____

PLEASE USE MILITARY TIME

am_pm_timesheet_w_lunch