

NAME: \_\_\_\_\_

**PAYROLL TIME SHEET**

ACCT #: \_\_\_\_\_

DEPT: \_\_\_\_\_

EXT: \_\_\_\_\_

CARS ID: \_\_\_\_\_

WEEK ENDING:		HOURS WORKED					BENEFIT HOURS		DAILY TOTAL HOURS
		IN	LUNCH OUT/IN	SPECIAL OUT/IN	OUT	TOTALS	CODE	HOURS	
DAY	DATE								
SUN									
MON									
TUE									
WED									
THU									
FRI									
SAT									
<b>Total Hours This Week</b>									

WEEK ENDING:		HOURS WORKED					BENEFIT HOURS		DAILY TOTAL HOURS
		IN	LUNCH OUT/IN	SPECIAL OUT/IN	OUT	TOTALS	CODE	HOURS	
DAY	DATE								
SUN									
MON									
TUE									
WED									
THU									
FRI									
SAT									
<b>Total Hours This Week</b>									
<b>Two Week Total</b>									
						<b>Total Hours</b>			

**I CERTIFY THAT THE ABOVE HOURS ARE CORRECT:**

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

PLEASE NOTE:

1. TIME SHEETS MUST BE SUBMITTED TO THE PAYROLL OFFICE NO LATER THAN 9:30 am ON THE MONDAY FOLLOWING THE PAY PERIOD

ENDING DATE. (UNLESS OTHERWISE NOTED ON PAYROLL SCHEDULE). TIME SHEETS RECEIVED AFTER THE DEADLINE WILL BE

PROCESSED FOR THE NEXT SCHEDULED PAYROLL. PAYROLL FAX # 314-246-8237

DO NOT WRITE IN THIS AREA		
REG		
O/T		
VAC		
SL		
HOL		
PER		
JURY		
WEATHER		
OTHER		
TOTAL		