

## TIME SHEET

DATE	TIME FROM	TIME TO	TIME FROM	TIME TO	REG HOURS	O/T HOURS	SICK	VACATION	DESCRIPTION

*I certify that the above information is correct and that I have received all required meal and/or rest periods.*

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Employee Name

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Employee Signature Date

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Supervisor Signature Date

*As a rule, time sheets are due on the 8th and 24th of the month. End of pay period to be estimated.  
 Please complete in ink and use decimals to show partial hours and round to the nearest fifteen minutes.  
 I verify that I have taken all rest and meal breaks.  
**note: If an employee works a maximum of 6 hours per day, they may elect to waive the lunch break.***