



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TIMESHEET

Select appropriate pay period

6th through 20th

21st through 5th

Employee Name: _____ Title: _____

Department/Site: _____ Supervisor: _____

Date	Start Time	Time out for lunch	Time in from lunch	Time out	Department	Total for day

TOTAL

I certify that the records shown are a complete and accurate record of my time worked.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____