



Adjunct CLT Timesheet

HOURLY EMPLOYEE TIMESHEET

NAME:	TITLE: ▼
PHONE:	DEPARTMENT:
SS# (Last 4 digits)	SUPERVISOR:
STATUS: HOURLY	TIMEKEEPER:

DAY	DATE	AM IN	LUNCH		PM OUT	HOURS WORKED	SICK LEAVE	ANNUAL LEAVE	OTHER
			OUT	IN					
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Total For The Week									

DAY	DATE	AM IN	LUNCH		PM OUT	HOURS WORKED	SICK LEAVE	ANNUAL LEAVE	OTHER
			OUT	IN					
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Total For The Week									
Total For The Period									

Employee Signature: _____

Timekeeper Signature: _____

Supervisor Signature: _____

REV: 03/25/10 AY