MEDGAR EVERS COLLEGE

HOURLY EMPLOYEE TIMESHEET

NAME:
PHONE:
EMPL ID: 00000000
DEPT: Select Department

TITLE: Select Job Title
BEGIN DATE
SUPERVISOR:
TIMEKEEPER:

DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	HOURS WORKED	SICK LEAVE	ANN LEAVE	OTHER
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
				Total For The Week		0			

DAY	DATE	AM IN	LUNCH OUT	LUNCH IN	PM OUT	HOURS WORKED	SICK LEAVE	ANNUAL LEAVE	OTHER
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
				Total For The Week		0			
				Total For The Period		0			

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

REV: 08/20/2025 JG

Submission Deadline: Timesheets are due based on the 'Hourly Employees Time Sheet Calendar'