



MEDGAR EVERS COLLEGE

HOURLY EMPLOYEE TIMESHEET

NAME:		TITLE:	Select Job Title
PHONE:		PAY PERIOD BEGIN DATE	
EMPL ID:	00000000	SUPERVISOR:	
DEPT:	Select Department	TIMEKEEPER:	

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

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

Employee Signature: _____
Supervisor Signature: _____

Date: _____
Date: _____

REV: 08/20/2025 JG

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