



HOURLY TEMPORARY SERVICE TIME SHEET

Pay Period Start Date _____

Pay Period End _____

Employee Terminated/Resigned* _____

	Days	Date	In	Out	In	Out	Daily Total	Vacation	Sick Leave		Personal Leave	Holiday		Comp. Time	Total Hours Acct. for
									Regular	Family		Regular	Float		
Week One	Thursday														
	Friday														
	Saturday														
	Sunday														
	Monday														
	Tuesday														
	Wednesday														
Week Two	Thursday														
	Friday														
	Saturday														
	Sunday														
	Monday														
	Tuesday														
	Wednesday														

Week 1 Ending

Week 2 Ending

Final Total

Employee's Name (Please Print)

Employee's Signature

Date

Supervisor's Name (Please Print)

Supervisor's Signature

Date

Total hours

Rate

Total Earnings

*Supervisor Submitted Time Sheet