

FOR OFFICE USE ONLY

REG _____ \$ _____

MIS _____ \$ _____

O/T _____ \$ _____

HOL _____ \$ _____

SBEP CONTRACTED CLASSIFIED 2-WEEK TIME SHEET

EMPLOYEE NAME: _____ BUILDING: _____ POSITION: _____

*** PLEASE BE SURE TO DEDUCT 1/2 FOR LUNCH IF APPROPRIATE.

DAY	DATE	A.M.		P.M.		*TIME OFF CODE	REGULAR HOURS	MIS / OT IN	MIS / OT OUT	MIS / OT HOURS	WORK DETAIL EXPLANATION
		IN	OUT	IN	OUT						
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
SUNDAY											
WEEK 1 TOTALS								WEEK 1 TOTALS			

DAY	DATE	A.M.		P.M.		*TIME OFF CODE	REGULAR HOURS	MIS / OT IN	MIS / OT OUT	MIS / OT HOURS	WORK DETAIL EXPLANATION
		IN	OUT	IN	OUT						
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
SUNDAY											
WEEK 2 TOTALS								WEEK 2 TOTALS			

TIME OFF CODES: S - Sick PL - Personal Leave H - Holiday V - Vacation C - Calamity Day E - Emergency

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____