



420 Washington Ave.
Cuyahoga Falls, OH 44221
(330) 945-5600 Fax: (330) 945-6222

TIME SHEET

PAY PERIOD: _____

THRU: _____

Employee Name: _____ Title: _____

EmployeeID: _____ Type: (Highlight Supplementals)

Department: _____ Supervisor: _____

Date (Both)	Location (Both)	Start Time (Classified)	Lunch Start Time (Classified)	Lunch End Time (Classified)	End Time (Classified)	Total Hours (Classified)	Total Days (Certified)
Grand Total:						0	0

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Payroll Use Only:

JOB _____ HOURS @ _____ = _____

_____ DAYS @ _____ = _____

JOB _____ HOURS @ _____ = _____

_____ DAYS @ _____ = _____

GRAND TOTAL _____