



# CLASSIFIED TIME SHEET

NAME (LAST, FIRST): \_\_\_\_\_ ID #: \_\_\_\_\_ POSITION: \_\_\_\_\_

REGULAR/EXTRA: \_\_\_\_\_ OVERTIME: \_\_\_\_\_ SITE: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

DATE	IN	OUT	IN	OUT	OFFICE USE ONLY Total Hours	REASON FOR EXTRA/OVERTIME	NAME OF ABSENT EMPLOYEE	SPECIAL PROGRAM/ FUNDING

OFFICE USE ONLY: Combo code	
OFFICE USE ONLY: Combo Code	

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature \_\_\_\_\_  
Date

**Time Sheet will be returned if not signed by Employee/Supervisor**

