

## 2022-23 ACCS - TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_ WEEK OF: \_\_\_\_\_ TO \_\_\_\_\_

DAY	DATE	DO NOT INCLUDE PERSONAL, VACATION, BEREAVEMENT, OR PD TIME IN THESE HOURS.			TOTAL HOURS WORKED	TOTAL OTHER HOURS	OTHER HOURS DESCRIPTION: PERSONAL, SICK, BEREAVEMENT, PROF DEVEL, LOP, HOLIDAY
		TIME IN	TIME OUT	LUNCH			
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							
<b>WEEKLY TOTALS</b>						<b>TOTAL PAID HOURS</b>	

WEEK OF: \_\_\_\_\_ TO \_\_\_\_\_

DAY	DATE	DO NOT INCLUDE PERSONAL, VACATION, BEREAVEMENT, OR PD TIME IN THESE HOURS.			TOTAL HOURS WORKED	TOTAL OTHER HOURS	OTHER HOURS DESCRIPTION: PERSONAL, SICK, BEREAVEMENT, PROF DEVEL, LOP, HOLIDAY
		TIME IN	TIME OUT	LUNCH			
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							
<b>WEEKLY TOTALS</b>						<b>TOTAL PAID HOURS</b>	

I hereby certify that the above hours recorded herein are true and correct to the best of my knowledge.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (ADMINISTRATOR / AD - REQUIRED)

FOR OFFICE USE ONLY	REG HOURS:	OVERTIME HOURS:
---------------------	------------	-----------------