



EMPLOYEE NAME: _____ APPROVED BY: _____

WEEK OF: _____ THROUGH: _____
Month/Day/Year Month/Day/Year

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
IN							
OUT							
IN							
OUT							
IN							
OUT							
LUNCH							
IN							
OUT							
IN							
OUT							
IN							
OUT							

DAILY TOTALS

Regular Hours <small>DO NOT INCLUDE 30-MIN. LUNCH</small>							
Sick/Personal							
Vacation							
Holiday							
Other <small>SEE NOTES</small>							
TOTAL							

WEEKLY TOTALSNOTES - FOR DIRECTORS ONLY**PAYROLL ATTACHMENT**

Employees that record specific grant work on payroll attachment sheets are responsible for keeping track of their own total hours for each grant period on this timesheet for submission.

TIME			DESCRIPTION OF SERVICE
DATE	HOURS	TOTAL TIME	Grant name, if applicable

EMPLOYEE SIGNATURE: _____

Time Sheets must be completed and submitted electronically to your director/supervisor each pay period. They must be received by Kathy Hagelbarger in the Medford office on the following Monday morning no later than 12:00 noon. Payroll checks will not be issued until a time sheet is received; and if received late, will not be processed until the following pay period.

FOR OFFICE USE ONLY

	WEEK 1	WEEK 2	W1/W2 TOTALS
REG			
HOL			
S/P			
VACA			
OTHER			

W1 TOTAL W2 TOTAL

TOTALSNOTES



EMPLOYEE NAME: _____ APPROVED BY: _____

WEEK OF: _____ THROUGH: _____
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HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
IN							
OUT							
IN							
OUT							
IN							
OUT							
LUNCH							
IN							
OUT							
IN							
OUT							
IN							
OUT							

DAILY TOTALS

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Sick/Personal							
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Other <small>SEE NOTES</small>							
TOTAL							

WEEKLY TOTALS

NOTES - FOR DIRECTORS ONLY

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REG			
HOL			
S/P			
VACA			
OTHER			

W1 TOTAL	W2 TOTAL

TOTALS

NOTES