



Please turn in your approved timesheet to Payroll Dept by 12pm.

Name _____ **Pay Period:** _____

R/O/H V/S/M	Date	Start Time	Break	Lunch	Break	End Time	Total Hours
R=Regular O=Overtime V=Vacation S=Sick DR=Dr Appt M=Sick Medical Released due to sickness listed on form provided							TOTAL

Signature: _____ **Date:** _____

Approval: _____ **Date:** _____