

# Three Rivers Inc.

## Time Sheet



Access to Independent Living

Employee # \_\_\_\_\_

Employee Name \_\_\_\_\_

Pay Period Beginning \_\_\_\_\_

Ending \_\_\_\_\_

Week 1	Date	In	Out	In	Out	In	Out	Hours Worked	PTO	Holiday	O / B	Total Paid Hours
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
<b>WEEKLY TOTAL</b>												
Week 2	Date	In	Out	In	Out	In	Out	Hours Worked	PTO	Holiday	O / B	Total Paid Hours
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
<b>WEEKLY TOTAL</b>												
Column Totals:												

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Instructions for completing timesheet:**

Fill in number of hours worked each day, use a / mark to divide benefit time used followed by the proper code:

PTO=Paid time off, B= Bereavement, H = Holiday, O = Other (without pay)

Please note: your supervisor must approve all benefit time used.

(Revised 1/2008)