EBAYC

Where young people grow, thrive and lead!

Staff Timesheet

Staff Name: _____   Job Title: _____

Supervisor's Name: _____   Job Title: _____

Pay Period: _____ *to* _____   Pay Rate: _____
(MM/DD/YYYY)   (MM/DD/YYYY)

DATE	IN	OUT	LUNCH (Unpaid)		WORK	Medical Leave	Vacation Leave	HOLIDAY	TOTAL HOURS
Example	9:00 AM	6:00 PM	1.00		8.00				8.00
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
TOTAL									

Employee's Signature: _____   Supervisor's Signature: _____

(Revised 07/2020)