Time Sheet

Page _____ of _____

Employee Number: _____ Pay period start date: _____

Employee Name: _____ Pay period end date: _____

Program: _____ Special Pay Rate: _____

Manager: _____ Reason: _____

		Time Management				Total Hours				
Date	**Day of the Week**	Time In	Time Out	Time In	Time Out	**Regular**	**Vacation**	**Sick**	**Holiday**	**OT**
				Total hours						

I attest that all hours I worked during the pay period recorded above are the actual hours I worked on each day, including all overtime hours worked. Unless otherwise recorded above, I attest that I have received all my meal and rest periods consistent with United Cerebral Palsy of Greater Sacramento's policies and applicable laws.

_____

Employee signature Date

_____

Manager signature Date

*please **staple** any approved absence request forms to timecard*