



TIME SHEET (IMPORTANT: PLEASE ATTACH ALL APPROVED LEAVE FORMS COVERING ABSENCES AND OVERTIME AUTHORIZATIONS) (Feb. 24 2017)

Name						Position		Outlet		For the period of			
DATE	AM			PM			Total Regular	late	Over Break	Overtime		Total Overtime	REMARKS
	Duty IN	Lunch Break	Coffee Break	Duty OUT									
	From	To	From	To									
Total													
I hereby certify that the above information is true and _____ Employee Signature				RECOMMENDING APPROVAL IMMEDIATE SUPERIOR				SCHEDULE					

NOTES: For absences, place the following notations: S - Sick Leave, V - Vacation Leave, L - Leave without pay