

Smith School of Business Time Sheet

Employee Name:Staff Number:Department:Pay Period:

	Date (dd/mm/yy)	Scheduled Hours			Actual Hours Worked				Program	Employee Initials	Supervisor Initials
Day		From	To	Total	From	To	Total	Comment			
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Week #1 Subtotal											
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Week #2 Subtotal											
Total Hours Scheduled					Total Hours Worked			Employee Signature: _____ Supervisor Signature: _____			

For Office Use Only

Week One:Regular Hours:Statutory Holiday Hours:Overtime Hours:Total Hours:

Week Two:Regular Hours:Statutory Holiday Hours:Overtime Hours:Total Hours: