




## HOURLY TIME SHEET

(write in pen)

Employee Name (print) <i>Jonathon Gage Winde</i>	Signature: <i>Jonathon G Winde</i>
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Approved by (immediate supervisor)* 
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Month <i>October</i>	Check if OT approved on reverse ←-- -->	Month
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Date	Hours worked	Overtime**			Date	Hours worked	Overtime**
1					16		
2	3				17		
3					18		
4					19		
5	6				20		
6					21		
7					22		
8					23		
9	3.5				24		
10					25		
11					26		
12	5				27		
13					28		
14	3.5				29		
15	3				30		
					31		
TOTAL	24				TOTAL		

Office Use Only					
Budget	Pay Rate	PPE	Earn Type	Units/Hours	Calculation

Date Time Sheet Rcd
Date Hours Reported
Date Paid

Reviewed by:

\*DO NOT return a reviewed and signed time sheet to the employee. The supervisor is responsible for forwarding the completed form to the Payroll Coordinator.

\*\*Overtime work must be approved in advance by the supervisor by note in the space provided on the back of this form. UNAUTHORIZED overtime will not be compensated.

RETURN TO: DAVE ERICKSON  
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