




## 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>September</i>	Check if OT approved on reverse ←-- -->	Month
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Date	Hours worked	Overtime**			Date	Hours worked	Overtime**
1	2				16		
2	5				17		
3					18		
4	2				19		
5					20		
6					21		
7					22		
8	1.5				23		
9					24		
10	5				25		
11	2				26		
12					27		
13					28		
14	4				29		
15	2.5				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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