



Employee Time-Sheet (HR-16.3)

Name _____

Please print clearly

Department _____

PLEASE RETURN TO THE PAYROLL OFFICE BY THE 16TH!

Month	Date	Time Worked				Total
		Start Time	End Time	Start Time	End Time	
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					

Please indicate with a V(Vacation) or S(Sick) if you are taking personal time off along with the number of hours

Total Regular Hours
Total Vacation Hours
Total Sick Hours

According to WV state law, any work period over 6 hours must show a minimum 30 minute meal break.

Grand Total Hours

This pay period WILL BE PAID ON THE 20th of the following month.
 (If the 20th falls on a weekend or holiday, pay will be issued the business day before)

Employee Signature _____

Date _____

Supervisor's Signature _____

Date _____