

HOURLY STAFF TIMESHEET

Note: Actual time worked must be documented by signing in/out daily. Fill in total hours for each day and total hours for pay period. Use quarter hour increments only. (i.e. 7 ¾ or 7.75; 6 ¼ or 6.25; 7 ½ or 7.5)

Employee Name: _____ Work Site: _____ Payroll Period: _____

Date	Time In	Time Out	Time In	Time Out	Head Start	American Rescue Plan	Early Head Start	HS/EHS Combined COVID	SS School Age	EHS Class	USDA	Safe & Stable	PCDC	Holiday	PTO With Pay	Total Hours
Total																

By submitting this to my supervisor, I acknowledge that the information is true and correct to the best of my knowledge. I understand that false information on this timesheet will result in disciplinary action.

Employee: _____ Location Supervisor: _____

For Payroll Use Only

Totals: Reg. Hrs _____ O/T _____ PTO _____ Holiday _____
 HS Ops _____ EHS Ops _____ SS School Age _____ USDA _____ S&S _____ PCDC _____

EHS Class _____ American Rescue Plan _____ HS/EHS Combined COVID _____

Payroll Entry Staff: _____ Staff Verification: _____